

I. State Information

State Information

Plan Year

Federal Fiscal Year 2015

State Identification Numbers

DUNS Number 6181377150000

EIN/TIN 55-6000810

I. State Agency to be the Grantee for the PATH Grant

Agency Name West Virginia Department of Health and Human Resources

Organizational Unit BBHMF

Mailing Address Office of the Secretary 1 Davis Square, Suite 100

City Charleston

Zip Code 25301-1745

II. Authorized Representative for the PATH Grant

First Name Margaret

Last Name Moss

Agency Name Bureau for Behavioral Health and Health Facilities

Mailing Address 350 Capitol Street, Room 350

City Charleston

Zip Code 25301

Telephone 304-356-4825

Fax 304-558-1008

Email Address Peg.L.Moss@wv.gov

III. State Expenditure Period

From 7/1/2015

To 6/30/2016

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

Title HHR Specialist Sr.

Organizational Unit Name BBHMF

First Name Merritt

Last Name Moore

Telephone 304-356-4782

Fax 304-558-1008

Email Address merritt.e.moore@wv.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name

Karen L. Bowling

Title

Cabinet Secretary

Organization

WV Department of Health and Human Resources

Signature: _____ Date: _____

Footnotes:



STATE OF WEST VIRGINIA
OFFICE OF THE GOVERNOR
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WV 25305
(304) 558-2000

EARL RAY TOMBLIN
GOVERNOR

May 9, 2014

Karen L. Bowling, Cabinet Secretary
West Virginia Department of Health and Human Resources
One Davis Square, Suite 100, East
Charleston, West Virginia 25301

Dear Cabinet Secretary Bowling:

This letter is to authorize you in your position as Secretary of the West Virginia Department of Health and Human Resources to serve as my designee for the purpose of signing the Projects for Assistance in Transition from Homelessness (PATH) application, certifications, waiver requests, etc.

This authorization will remain in effect until further notice.

Sincerely,

A handwritten signature in black ink that reads "Earl Ray Tomblin". The signature is fluid and cursive, with the first name "Earl" being particularly prominent.

Earl Ray Tomblin
Governor

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name	Karen L. Bowling
Title	Cabinet Secretary
Organization	WV Department of Health and Human Resources

Signature: _____ Date: _____

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2015

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of West Virginia agrees to the following:

Section 522(a)

Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b)

Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months.
 - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c)

The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d)

In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e)

The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f)

Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g)

The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h)

The State agrees that:

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a)

The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of nonFederal contributions shall be determined in accordance with Section 523(b).

Section 523(c)

The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the nonFederal contributions described in Section 523(a).

Section 526

The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3)

The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description:

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4)

The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b)

In developing and carrying out the description required in Section

527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2)

The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a)

The State will, by January 31, 2016, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2015 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C- PATH.

Section 528(b)

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529

Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R part 54 and 54a respectively.

Name	<input type="text" value="Karen L. Bowling"/>
Title	<input type="text" value="Cabinet Secretary"/>
Organization	<input type="text" value="WV Department of Health and Human Resources"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed?

☒ Yes

☐ No

To print a Standard Form - LLL if required for submission, click the link below.

[Standard Form LLL \(click here\)](#)

Name	<input type="text" value="Karen L. Bowling"/>
Title	<input type="text" value="Cabinet Secretary"/>
Organization	<input type="text" value="WV Department of Health and Human Resources"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Region 1	Hancock, Brooke, Ohio, Marshall, and Wetzel Counties	
Region 2	Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties	
Region 3	Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties	
Region 4	Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton Counties	
Region 5	Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties	
Region 6	Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties	

Add Region

Footnotes:

The West Virginia Bureau for Behavioral Health and Facilities utilizes a six region approach. A detailed map is located in the application narrative.

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Executive Summary

The Bureau for Behavioral Health and Health Facilities (BBHFF) is the State Mental Health Authority (SMHA) for West Virginia. The Division for Adult Behavioral Health specifically oversees the PATH Program. Program divisions within the Bureau have integrated their efforts to more effectively serve the adult mental health, child and adolescent mental health, substance abuse, and intellectual/developmental disability populations. The Office of Consumer Affairs and Community Outreach works closely with all program divisions to ensure the consumer and family voice is heard in program development.

West Virginia is committed to creating communities where individuals, families, schools, faith-based organizations, coalitions, and workplaces plan collectively and take action to promote good emotional health and reduce the likelihood of mental illness, substance abuse, and homelessness.

The PATH program is a vital part of the system of care for adults in West Virginia. The state PATH program supports a variety of activities including prevention of homelessness; outreach to and case management for individuals experiencing homelessness; access to permanent housing; and referral to mental health, substance abuse treatment, and healthcare services.

Current (WV Fiscal Year 2015) grantees are located in areas of the State with the most need, based on the population of individuals experiencing homelessness. Supplemental state funding has enabled additional providers to be supported and increased the activities of existing providers.

The chart below depicts WV FY 2015 funded organizations, current PATH funding, and additional data:

Organization	Type	Federal PATH Funds Received	Area Served	Required Matching Funds	Projected Contacts	% Adults	% Literally Homeless	Projected to be Enrolled	Services Provided
Greater Wheeling Coalition for the Homeless	501(C) 3 Non- Profit	\$42,662	Region 1	\$14,221	147	100%	100%	135	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
West Virginia Coalition to End Homelessness	501(C) 3 Non- Profit	\$64,637	Region 2 and Region 4	\$21,546	75	100%	90%	40	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Westbrook Health Services	501(C) 3 Non- Profit Community Mental Health Center	\$26,907	Region 3	\$8,969	350	100%	60%	213	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Connecting Link	501(C) 3 Non- Profit	\$30,188	Region 4	\$10,063	395	100%	52%	153	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Prestera Center	501(C) 3 Non- Profit Community Mental Health Center	\$36,821	Region 5	\$12,274	450	100%	87%	300	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Roark Sullivan Lifeway Center	501(C) 3 Non- Profit	\$44,855	Region 5	\$14,952	250	100%	100%	200	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Raleigh County Community Action Association	501(C) 3 Non- Profit	\$50,930	Region 6	\$16,977	400	100%	90%	360	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services

REGIONS IN WEST VIRGINIA

BBHMF utilizes a six (6) Region approach:

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties

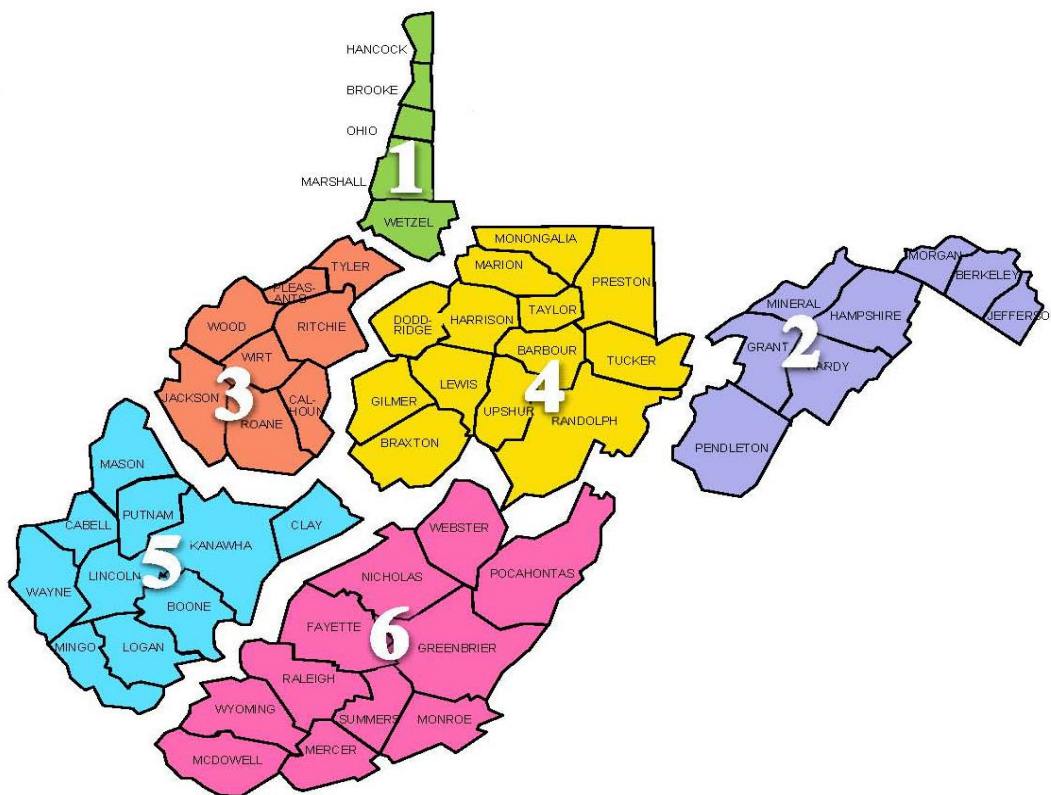
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton Counties

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, McDowell, and Mercer Counties



West Virginia Disparities Impact Statement

PATH PROGRAM

1. Proposed number of individuals to be served by subpopulations in the grant service area, and identification of disparate population.

The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the grant service area. The disparate population is identified in the narrative below.

	Projected 2014 Outreach	Projected 2014 Enrolled
Direct Services: Number to be served	1600	1300
By Race/Ethnicity		
African American	220	165
American Indian/Alaska Native	8	6
Asian	2	1
White (non- Hispanic)	1325	1085
Hispanic or Latino	25	20
Native Hawaiian/Other Pacific Islander		
Two or more Races	30	26
By Gender		
Male	900	700
Female	700	600

There is relatively little racial and ethnic diversity in West Virginia, with 93.8% of the population identifying as white, 3.6% of the population identifying as black, 0.8% of the population identifying as Asian, and 1.5% of the population identifying as some other race, according to the US Census estimates for 2013.. Only 1.4% of West Virginia's population identifies as Hispanic or Latino, compared to 17.1% in the United States as a whole. Gilmer County has the most diversity, with 6.0% of its residents identifying as being of Hispanic origin and 12.8% identifying as Black. Other counties with higher rates of racial/ethnic diversity include Jefferson, Berkeley, Raleigh, Kanawha, and McDowell.

West Virginia is tied with 3 other states as having the lowest percentage of adult literacy, with about 20% of the general population falling into the lowest level of literacy according to the U.S. Centers for Disease Control and Prevention, the National Assessment of Adult Literacy (NAAL), released in 2006 by the U.S. Department of Education, “found that only 12 percent of consumers have proficient health literacy skills— suggesting that nearly nine out of ten adults may lack many of the skills necessary to sufficiently manage their health. Low health literacy can affect a person’s ability to locate health care providers and services, fill out health forms, share personal health information with providers, manage chronic diseases and engage in self-care.” Due to the State’s low literacy rate, PATH providers will ensure that all brochures and written communication are formatted using a low literacy writing style (at no higher than the sixth-grade level) so that they can be readily comprehended by all consumers participating in PATH services. Furthermore, providers will –review the roles and expectations for both provider and consumer with each newly enrolled person in order to ensure that their service delivery is as effective possible for each individual consumer.

By any measure West Virginia residents are among the poorest in the country, coming in 49th, ahead only of Mississippi. As a result, the financial responsibility for health and behavioral health care, as well as associated socioeconomic supports (food, housing etc.), falls most heavily on West Virginia’s State resources, which are often insufficient to meet the associated needs. Accessible transportation is especially limited in the State, with only 30 of 55 counties having public transit systems and only 33 counties with taxi services.

With this in mind, West Virginia has chosen to focus this year on enhanced outreach to the seemingly underserved populations of women, Hispanics/Latinos. With the addition of a new PATH provider, the West Virginia Coalition to End Homelessness, it is anticipated there will be increased outreach and engagement to seasonal migrant farm workers and their families in the Eastern Panhandle region of the State. This area, in which many of these workers reside due to the seasonal employment opportunities in the apple industry, will be big part of the emphasis of outreach by this PATH provider.

2. A Quality Improvement Plan Using Our Data

Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The state’s cultural and linguistic competency task force and a network of health specialists will have lead roles in ensuring the cultural and linguistic needs of grant participants are effectively addressed.

A continuous quality improvement approach will be used by the state’s evaluation unit to analyze, assess and monitor key GPRA performance indicators as a mechanism to ensure high-quality and effective program operations. GPRA data will be used to monitor and manage program outcomes by race, and ethnicity, within a quality improvement process. Programmatic adjustments will be made as indicated to address any and all identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities implemented by local service providers in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into community-level program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, referral to housing, follow-through with treatment services and discharge data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and possible interventions. The State PATH Contact will provide routine data reports to local service provider staff to identify successes and barriers encountered in the process of project implementation. These reports will support discussions of evaluation findings with local service providers, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all services and supports will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

3. Adherence to the CLAS Standards

Our quality improvement plan will ensure the provider of local services adheres to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

a. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations.

(<http://www.ThinkCulturalHealth.hhs.gov>)

b. Preferred languages

Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

c. Health literacy and other communication needs of all sub-populations identified in your proposal

All services programs will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate. All written materials will be cognizant of the literacy rate and PATH staff will ensure that PATH consumers understand what to expect as a result of being enrolled in the PATH program.

II. Executive Summary

2. State Budget

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
a. Personnel	\$ 0	\$ 0	\$ 0		
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00 %	\$ 0	\$ 0	\$ 0	
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
c. Travel	\$ 0	\$ 0	\$ 0		
No Data Available					
d. Equipment	\$ 0	\$ 0	\$ 0		
No Data Available					
e. Supplies	\$ 0	\$ 0	\$ 0		
No Data Available					
f1. Contractual (IUPs)	\$ 296,999	\$ 279,041	\$ 576,040		
f2. Contractual (State)	\$ 0	\$ 0	\$ 0		
No Data Available					
g. Construction (non-allowable)					
h. Other	\$ 3,000	\$ 1,000	\$ 4,000		
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
Staffing: Training/Education/Conference	\$ 3,000	\$ 1,000	\$ 4,000	To provide funding for the State PATH conference.	
i. Total Direct Charges (Sum of a-h)	\$ 299,999	\$ 280,041	\$ 580,040		
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0		
k. Grand Total (Sum of i and j)	\$ 299,999	\$ 280,041	\$ 580,040		
Allocation of Federal PATH Funds	\$ 300,000	\$ 100,000	\$ 400,000		

Source(s) of Match Dollars for State Funds:

Footnotes:

II. Executive Summary

3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **07/01/2015**

Expenditure Period End Date: **06/30/2016**

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Connecting Link, Inc.	Social service agency	Region 4	\$30,188	\$156,516	395	153	3	2
Greater Wheeling Coalition for the Homeless	Social service agency	Region 1	\$42,662	\$25,842	147	135	2	10
Prestera Mental Health Center	Community mental health center	Region 5	\$36,821	\$12,274	450	300	2	3
Raleigh County Community Action Association	Shelter or other temporary housing resource	Region 6	\$50,930	\$16,977	400	360	1	0
Roark Sullivan Lifeway Center	Shelter or other temporary housing resource	Region 5	\$44,855	\$14,952	250	200	2	3
West Virginia Coalition to End Homelessness, Inc.	Other housing agency	Region 4	\$64,637	\$43,511	75	40	3	3
Westbrook Health Services	Community mental health center	Region 3	\$26,907	\$8,969	350	213	1	0
Grand Total			\$297,000	\$279,041	2,067	1,401	14	21

Footnotes:

1. Connecting Link, Inc.

235 High Street, Suite 210

Morgantown, WV 26505

Contact: Jone Webb**Contact Phone #:** 3042963300**Has Sub-IUPs:** No**Provider Type:** Social service agency**PDX ID:** WV-019**State Provider ID:****Geographical Area Served:** Region 4

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 29,597	\$ 58,403	\$ 88,000	
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Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 28,194	0.50	\$ 14,097	\$ 14,903	\$ 29,000	PATH FUNDED WORKER - CHARLES JACKSON
Other (Describe in Comments)	\$ 24,000	0.50	\$ 12,000	\$ 12,000	\$ 24,000	HOMELESS COORDINATOR- HOLLY SETAL
Other (Describe in Comments)	\$ 35,000	0.10	\$ 3,500	\$ 31,500	\$ 35,000	EXECUTIVE DIRECTOR- JOBE WEBB

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.67 %	\$ 591	\$ 5,767	\$ 6,358	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0	\$ 0	\$ 0	
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No Data Available

d. Equipment	\$ 0	\$ 0	\$ 0	
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No Data Available

e. Supplies	\$ 0	\$ 400	\$ 400	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other Supplies (Describe in Comments)	\$ 0	\$ 150	\$ 150	DIRECT OFFICE SUPPLIES
Client: Other Supplies (Describe in Comments)	\$ 0	\$ 250	\$ 250	GENERAL PROGRA SUPPLIES

f. Contractual	\$ 0	\$ 0	\$ 0	
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No Data Available

g. Construction (non-allowable)

h. Other	\$ 0	\$ 91,946	\$ 91,946	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Transportation	\$ 0	\$ 4,000	\$ 4,000	STAFF TRAVEL
Office: Rent Expenses	\$ 0	\$ 696	\$ 696	
Office: Utilities/Telephone/Internet	\$ 0	\$ 1,800	\$ 1,800	UTILITIES
Office: Other (Describe in Comments)	\$ 0	\$ 450	\$ 450	AUDIT FEES
Office: Other (Describe in Comments)	\$ 0	\$ 85,000	\$ 85,000	EMERGENCY SOLUTION GRANT

i. Total Direct Charges (Sum of a-h)	\$ 30,188	\$ 156,516	\$ 186,704	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0	
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k. Grand Total (Sum of i and j)	\$ 30,188	\$ 156,516	\$ 186,704	
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Source(s) of Match Dollars for State Funds:

Emergency solution Grant- \$85,000, United Way of Mon/Preston Counties-\$20,000, CDBG of Morgantown-\$9,000

Estimated Number of Persons to be Contacted: 395 Estimated Number of Persons to be Enrolled: 153

Estimated Number of Persons to be Contacted who are Literally Homeless: 205

Number Staff trained in SOAR in Grant year ended in 2014: 3 Number of PATH-funded consumers assisted through SOAR: 2

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHFF - Administered Target Funding**

GRANTEE NAME: Connecting Link, Inc.

BUDGET PERIOD ENDING: 6/30/2016

ORIGINAL

REVISION

REVISION #

ASSIGNED PROGRAM NAME: Project for Assistance in Transition from Homeless

DATE 4/26/2015

STATE ASSIGNED ACCOUNT NUMBER:

CURRENT YEAR ALLOCATION: \$30,188

***DIRECT COSTS**

A. PERSONNEL (DESCRIBE POSITIONS)

1. PATH Funded Worker - Charles Jackson - (50% of Salary)
2. Homeless Coordinator - Holly Setal (50% of Salary)
3. Executive Director - Jone Webb (10% of Salary)
- 4.
- 5.

	BHFF Funds	**OTHER Funds	TOTAL
	\$14,097	\$14,903	\$29,000
	\$12,000	\$12,000	\$24,000
	\$3,500	\$31,500	\$35,000
			\$0
			\$0
Category Subtotal:	\$29,597	\$58,403	\$88,000

B. FRINGE BENEFITS

1. Pension (PATH worker only)
2. Health Insurance
3. FICA
4. Unemployment Insurance
5. Workers Compensation (3.07% of BHFF covered salaries)
- 6.

	\$591		\$591
	\$0		\$0
		\$2,030	\$2,030
		\$2,175	\$2,175
		\$1,562	\$1,562
			\$0
Category Subtotal:	\$591	\$5,767	\$6,358

C. Equipment (Describe):

- 1.
- 2.
- 3.

			\$0
			\$0
			\$0
Category Subtotal:	\$0	\$0	\$0

D. SUPPLIES

1. DIRECT OFFICE SUPPLIES
2. GENERAL PROGRAM SUPPLIES
3. HOUSEKEEPING SUPPLIES
- 4.
- 5.
- 6.

		\$150	\$150
		\$250	\$250
			\$0
			\$0
			\$0
			\$0
Category Subtotal:	\$0	\$400	\$400

E. CONTRACTED SERVICES (DESCRIBE):

- 1.
- 2.
- 3.

			\$0
			\$0
			\$0
Category Subtotal:	\$0	\$0	\$0

F. CONSTRUCTION (Special Permission)

			\$0
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G. OTHER

1. DIRECT STAFF TRAVEL (8,000 miles X .50 per mile)
2. RENT
3. DEPRECIATION
4. REPAIRS & MAINTENANCE (vehicle)
5. REPAIRS & MAINTENANCE (facility)
6. REPAIRS & MAINTENANCE (Equipment)
7. INSURANCE (property, liability, etc.)
8. UTILITIES
9. PHONE / Internet / Cell (12 months X \$150 per month)
10. HOUSEKEEPING SERVICES
11. Audit Fee (Total cost \$4,500 X 10% PATH)
12. Emergency Solutions Grant
- 13.

		\$4,000	\$4,000
		\$696	\$696
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
		\$1,800	\$1,800
			\$0
		\$450	\$450
		\$85,000	\$85,000
			\$0
Category Subtotal:	\$0	\$91,946	\$91,946

TOTAL DIRECT COSTS (SUM OF A - G)

	\$30,188	\$156,516	\$186,704
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**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

	BHHF Funds	OTHER Funds	TOTAL
1. TOTAL DIRECT COSTS (From Prior Page)	\$30,188	\$156,516	\$186,704
2. *** BHHF INDIRECT COST BASE AMOUNT	\$30,188		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$30,188		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$156,516	
7. ANTICIPATED PROGRAM INCOME EARNED		\$156,516	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			\$186,704

BRIEF PROJECT DESCRIPTION:

PATH worker will provide Street Outreach and Case Management services to qualifying individuals and families within Region 4.

FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)

Emergency Solutions Grant - \$85,000.00, United Way of Mon/Preston Counties - \$20,000.00, CDBG of Morgantown - \$9,000.00

NOTES:

*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

**Any anticipated amounts of program income should be included in the budget for Other Funds.

*** BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

****In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

***** Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: Jone A. Webb, Executive Director

DATE 4/26/2015

Telephone Number: 304-363-4882 or 304-296-3300 or 304-641-1199

BHHF USE ONLY

DIVISION DIRECTOR APPROVAL _____

DATE _____

DEPUTY COMMISSIONER APPROVAL _____

DATE _____

Connecting Link, Inc.

Budget/Budget Narrative

The attached budget demonstrates the projected expenditures for the Projects for Assistance in Transition from Homelessness (PATH) program for fiscal year 2015-2016. All project funds will be utilized to fund 100% of the PATH funded worker and all entitled fringe benefits . Project funds will also be utilized for 50% of a support staff person along with 50% of the allotted fringe benefits for that position. Also included is 10% of the supervision time by the Executive Director along with 10% of the entitled fringe benefit .

Direct office supplies have been budgeted for \$150.00 which may include paper, notebooks, flash drive, copies, postage, pens, etc. General program supplies may include training material, supportive hand out material for the clients, processing photo IDs for the clients through the HMIS data system, etc.

Due to the outreach and case management services of the project funded staff person they will experience travel expenses currently budgeted at an annual estimated 8,000 miles times the reimbursable rate of \$.50 per mile for the total reimbursement of \$4,000.00.

We have also budgeted office space for the PATH funded employee at 10% (\$696.00) of the annual rental cost for our office located at 235 High Street, Suite 210, Morgantown, WV 26505 and 10% of the annual cost of office telephone/internet and 100% cell phone service. Internet service;

Property and liability insurance has also been budgeted into the program cost at 10% or \$250.00 annually.

An additional 2.5% of the total project budget has been included within the indirect costs that may occur while the PATH funded employee is performing outreach, assessment and case management services. These costs may include, but are not limited to, using public transportation while on the job, purchasing a meal for a client while in the process of outreach, etc.

Connecting Link, Inc.

Local Provider Description

Name: Connecting Link

Type of Organization: Social service agency

Region Served: Region 4

Amount of Federal PATH Funds Received: \$30,188

Collaboration with HUD Continuum of Care Program

We are members of our Balance of State COC and collaborate with them by effectively and efficiently teaming our PATH Outreach workers to provide coverage by dividing up the counties in the northern portion of Region 4 to be covered by PATH funded services. Due to this collaboration we are not duplicating services, rather we are able to provide services and connect resources within a greater geographic area.

As a member of the team of communities, under the COC, geared up to end Veteran Homelessness by the end of 2015 and Chronic Homelessness by the end of 2016 the addition of the PATH Outreach Program and our collaboration has enabled us to seek, evaluate, house, and wrap services around an average of 3 to 5 individuals per month within our catchment area. We have also built a strong network of agencies, service providers, governmental leaders, landlords, and the general public ready to provide much needed assistance and services to those in need.

Collaboration with Local Community Organizations

Our goals are to improve the quality and availability of substance abuse prevention; alcohol and drug abuse treatment, and provide immediate access to mental health services. Our Monongalia County community now has a well-established Multi-Disciplinary Team (MDT) to coordinate and establish wrap-around services for those individuals housed specifically through the PATH Outreach Program. Members serving on the MDT are: (not limited to) Valley Mental Health, RDVIC, Health Right, Connecting Link, Bartlett House, Caritas House, and Mental Health America, Workforce WV, DHHR, Veteran VASH representative. Our PATH Outreach Coordinator has been diligently working to establish partnerships with landlords and housing developers within our catchment areas. Two landlords have donated rental units to our programs to assist in housing individuals with high acuties as defined by the HMIS ranking system. We have been able to keep these units occupied with the most vulnerable individuals and families and begin wrapping services around them to aid in their transition from homelessness to obtaining housing.

Service Provision

Describe any gaps that exist in the current service systems.

One major gap we have discovered is the need for an informal support system for homeless individuals and families transitioning from the streets to being housed. This population requires guidance in becoming good tenants and neighbors along the road to self-sufficiency. We found that approximately 75% of those individuals that failed out of housing failed due to lack of knowledge about how to live a life being housed and responsible for daily living skills as an independent member of our communities. As part of our wrap around services we have initiated a "Friend/Mentor Program" that enlists community volunteers that are trained in First Aid, CPR, Food Handlers, and the dos and don'ts of mentoring to help those individuals and families become more successful in establishing independence. This program aids in learning independent daily living skills and responsibilities such as making and keeping medical and mental health appointments, bargain meal planning and shopping, daily household cleaning and upkeep, medication monitoring, public transportation usage, being a good tenant and a good neighbor, etc. The Friend/Mentor Programs' goal is to aid in the individual success of learning how to remain independently housed and not returning to the streets. These volunteers will aid in freeing up the assigned Case Managers to better concentrate on assisting with necessary mental health and/or addiction services.

Clients who have both a serious mental illness and a substance use disorder not only have qualifying services under PATH but also have services offered by Connecting Link, Inc. such as emergency financial assistance, transportation assistance, housing assistance, budget counseling, and the Friend/Mentor Program. They are also qualified to receive medical, prescription, eye, and dental services from Health Right, Health Access, VA Hospitals (if qualified) and MVA. The mental health and substance use disorders are case managed by Valley Mental Health or Chestnut Ridge Hospital. For the more severe cases they may be referred to Sharpe Hospital. With any admittance to a medical or mental health facility our PATH Outreach worker is notified at the time of discharge and becomes a participant in the discharge planning.

We also refer and encourage clients to AA or NA meetings and any other community initiated support programs that meet the high standards of our Multi-Disciplinary Team. Health Right has also hired two case managers through their Community Outreach Program and they will be working exclusively with this population.

Data

All of our staff at Connecting Link, Inc. is trained on HMIS and are licensed users. Each employee will continue to participate in ongoing trainings provided by our Balance of State COC and will attend any trainings recommended by the COC or DHHR and BBHMF. Any new staff will receive the official training and licensing on HMIS as provided by our COC and after their licensing, will continue to participate in any and all ongoing training

SSI/SSDI Outreach, Access, Recovery (SOAR)

The Connecting Link, Inc. has had three individuals trained during grant year ending 2014. Two of these employees are PATH staff. We have completed two PATH funded consumers' SOAR applications during grant year ending 2014.

Housing

Connecting Link, Inc. has been working closely with landlords, missions, and shelters for many years through our Emergency Financial Assistance Programs. Over the past 18 months we have established a new collaborative effort with the Bartlett House. They have assigned one of their staff, in collaboration with our PATH funded employees to seek and educate landlords about the Housing First model, wrap around services, and the Friend/Mentor Program. We are calling this our "Landlord Lifeline". This program is meant to be a means of assisting the landlords and the clients by allowing us to resolve potential issues as they arise instead of immediate evictions.

Bartlett House's Home Finding staff is also working to locate empty housing options (apartments, houses, efficiencies) and then, through our collaborative efforts, we begin the process of solidifying our relationship with the landlords or developers.

As Executive Director of Connecting Link, Inc., I sit on the Board of a new consortium called CHAP (Community Housing Action Partnership, Inc.). CHAP, created by community stakeholders, serves as a catalyst for developing economical quality housing by:

Serving as a consortium of developers, funders, lenders, nonprofits and community members;

Focusing on facilitating development of safe, economical quality housing;

Collaborating and leveraging partnerships among community housing organizations;

Serving as a clearinghouse for housing resources;

Advocating for housing that is available to all members of our communities;

One of the current projects is developing a community housing resource database and mapping project that will be updated, through CHAP, daily. This will aid in the housing search. Among the stakeholders in the consortium is The Benedum Foundation, Federal Home Loan Bank, the local Housing Authorities, VA, Center for Independent Living, etc.

Staff Information

All staff of Connecting Link, Inc. work under our Board of Directors approved policy of non-discrimination . This policy states that services will be provided to anyone regardless of age, race, gender, disability, ethnic background, or sexual preference. All staff receives training on CLAS Standards, Non-Threatening Interview Skills, and Cultural Differences.

The PATH Outreach Worker was educated at WVU and lives in Morgantown, in Monongalia County. He was employed as a mentor for under privileged teenagers for about 15 years prior to coming to work with the homeless.

The Homeless Coordinator was educated at WVU and lived in Preston and Marion Counties prior to settling in Monongalia County. She previously worked as a case worker for Caritas House.

Client Information -

Over the past 15 months we have served the following demographics: Adults- (average age 45-61 years old) 146

American Indian 1

Black or African American 23

Multiple Races 4

White 132

Chronically Homeless 56

Veterans 10

Disabled 28

Mental Health and/or substance abuse status 15

We are projecting an increase of 15% in both the number of individuals served and the number of PATH eligible clients over the 2015-2016 funding year.

Projected # of adult clients to be contacted: 395

Projected # of adult clients to be enrolled: 153

% of adult clients to be literally homeless: 52%

Consumer Involvement

We are currently seeking a former PATH client or family member to serve on our Board of Directors to represent persons experiencing homelessness. We currently have two former PATH consumers that volunteer to help during the Point In Time count in Monongalia County and one volunteering in Marion County.

As our PATH Outreach worker explores new territory in communities he is unfamiliar with, he strives to build relationships with those living on the streets to not only offer assistance but also to recruit their help in locating other areas where the homeless may reside. This has been a very successful form of outreach in every community we have attempted.

Serving on the CHAP Board of Directors we have enlisted a former individual who has experienced homelessness, their spouse, also formerly experienced homelessness, suffers from a mental health issue.

Budget Narrative

See WebbGas attachement

2. Greater Wheeling Coalition for the Homeless

84 Fifteenth Street
Wheeling, WV 26003

Contact: Lisa Badia

Contact Phone #: 3042326105

Has Sub-IUPs: No

Provider Type: Social service agency

PDX ID: WV-014

State Provider ID:

Geographical Area Served: Region 1

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments																																			
a. Personnel	\$ 24,400	\$ 8,200	\$ 32,600																																				
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b. Fringe Benefits	41.93 %	\$ 13,670	\$ 7,622	\$ 21,292																																			
c. Travel	\$ 0	\$ 0	\$ 0																																				
No Data Available																																							
d. Equipment	\$ 0	\$ 0	\$ 0																																				
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i. Total Direct Charges (Sum of a-h)	\$ 42,662	\$ 25,842	\$ 68,504																																				
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0																																				
k. Grand Total (Sum of i and j)	\$ 42,662	\$ 25,842	\$ 68,504																																				

Source(s) of Match Dollars for State Funds:

In-kind, local

Estimated Number of Persons to be Contacted: 147 Estimated Number of Persons to be Enrolled: 135

Estimated Number of Persons to be Contacted who are Literally Homeless: 147

Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 10

FY 2015-2016**FEDERAL PATH BUDGET:**

Positions	PATH Funded (FTE)	Federal PATH Funded Salary	OTHER	Total
Executive Director	.08	\$ 6,000	\$ 2,000	\$ 8,000
Case Manager (2)	.22	\$ 8,500	\$ 2,800	\$11,300
Case Manager	.21	\$ 6,400	\$ 2,200	\$ 8,600
HMIS Specialist	.12	\$ 3,500	\$ 1,200	\$ 4,700
Subtotal		\$24,400	\$8,200	\$32,600
FRINGE				
BENEFITS (56%)		\$13,670	\$5,020	
Subtotal		\$13,670	\$5,020	\$18,690
EQUIPMENT		<u>\$ 0</u>		
Subtotal		\$ 0		\$ 0
SUPPLIES				
Office Supplies		\$ 500		
Subtotal		\$ 500		\$ 500
OTHER				
Travel		\$ 412		\$ 412
Conferences		\$ 600		\$ 600
Equipment Maintenance		\$ 450		\$ 450
Facility Maintenance		\$ 300		\$ 300
Insurance		\$ 200		\$ 200
Postage		\$ 200		\$ 200
Telephone		\$ 500		\$ 500
Utilities		\$ 1,000		\$1,000
Client Support Services		<u>\$ 430</u>	<u>\$1,002</u>	<u>\$1,432</u>
Subtotal		\$ 4,092	\$1,002	\$5,094
TOTAL		\$42,662	\$14,222	\$56,884

BUDGET NARRATIVE: FEDERAL PATH FUNDS

PERSONNEL: \$24,400

Partial time for an Executive Director, who directly supervises case managers; two case managers, who assist clients or supervise activities of the PATH program, do outreach and data entry into HMIS required by the PATH program; and one HMIS System Administrator, required by joining the statewide HMIS system, will be responsible for reports, verifying data is correct in HMIS system, troubleshooting problems and training users.

FRINGE BENEFITS: \$13,670

Funds will be used to cover a portion of the employees' fringe benefits including: FICA, worker's compensation, health/dental insurance, unemployment and pension. These amounts are based on the percentage of time spent working the PATH program.

EQUIPMENT: \$0

SUPPLIES: \$500

Office Supplies: \$500

Consumables used in less than one year, are under \$2000 and used in the delivery of services examples include but are not limited to software; check stock; paper; printers; etc.

OTHER: \$3,662

Staff travel: \$412

Staff mileage reimbursement or fuel for the agency vehicle & conferences/lodging 716.52 miles @ \$.575 per mile reimbursement to staff if personal vehicle is used or fuel for the agency owned vehicle when travel is for the purpose of assisting PATH clients or attending trainings/conferences.

Conferences: \$600

4 trainings @ \$75 each; lodging @ \$300 or any combination of trainings, conferences and lodging associated with the training.

Equipment Maintenance: \$450

\$112.50 per quarter to cover maintenance on computers, server, copier, phone and other equipment.

Facility Maintenance: \$300

\$75 per quarter to help cover repairs and maintenance on the facility in which we provided services.

Insurance: \$200

\$50 per quarter to help cover property, auto and liability insurance policy.

Postage: \$200

\$50 per quarter to help cover postage costs associated with program.

Telephone: \$500

\$125 per quarter to help cover telephone, cell phone and internet services used to provide services.

Utilities: \$1,000

\$250 per quarter to help cover electric, extermination, garbage, gas and water costs.

General Program Supplies – Client Supportive Services: \$430

Life Skills/Mental Health \$100

Funds will be used to assist PATH clients with prescriptions or co-pays or for supplies to teach life skills class to PATH clients.

Housing Development: \$230

As described in the scope of services these funds could include the purchase of services or items to enhance the client's life or promote the success of accessing housing. These funds will be used to purchase necessary items for accessing housing or other pertinent services to end homelessness such as: birth certificates; identification cards; drivers' licenses, housing related items, first month's rent or deposit and/or necessary household items like a bed.

General - Client Supplies: \$100

Items given to clients at the office or at outreach, includes but not limited to food; clothing; personal care items (soap, shampoo, combs/brushes, deodorants, toothbrushes, toothpaste, etc.); laundry detergent; cleaning supplies; and/or other toiletries.

TOTAL FEDERAL PATH FUNDS: \$42,662

BUDGET NARRATIVE: MATCH

Match may consist of a blend of funds from the private sector in-kind and/or monetary contributions, Governor's Office of Economic Opportunity, and/or Adult Protective Services.

REQUIRED AMOUNT OF MATHC: \$14,222

Greater Wheeling Coalition for the Homeless

Local Provider Description

Name: The Greater Wheeling Coalition for the Homeless

Type of Organization: 501(c) 3 Nonprofit Social Service Agency

Region Served: Region 1

LOCAL PROVIDER DESCRIPTION:

The Greater Wheeling Coalition for the Homeless was founded in response to a 1983 West Virginia Supreme Court ruling, *Hodge vs. Ginsberg*, which declared all of West Virginia's homeless must be provided emergency medical care, food and housing. Since 1986, the Coalition has provided for temporary shelter services through vouchers agreements with the state, assisted in the development of long-term solutions to homelessness, networked with other agencies to provide a comprehensive continuum of care for this population, developed both transitional and residential shelter programs and was an instrumental partner in the development of federal Homelessness Prevention and Rapid re-housing Programs [HPRP] in the City of Wheeling. In 2012, the Coalition successfully applied to the State of West Virginia for an Emergency Solutions Grant to provide short-term rental assistance which was modeled in large part on the local success of HPRP. Building off the experience gained providing HPRP services, the Coalition also applied to the Dept. of Veterans Affairs and was awarded a Supportive Services for Veterans Families program providing case management and temporary rental assistance for homeless Veterans and their families. In 2014, the Coalition applied for and was funded to employ four part-time Community Engagement Specialists to provide supportive services to homeless people with the mental health and substance use conditions eligible for this program. This allowed the Coalition to restructure case management staffing and accommodate the often time-intensive needs of PATH consumers using CES, to devote more individual attention to clients in an effort to reduce hospitalizations by ensuring medical and counseling appointments are kept. The Coalition serves people who are homeless throughout the Northern Panhandle region of Hancock, Brooke, Ohio, Marshall and Wetzel counties by providing multi-faceted case management programs including placement in and payment for emergency shelter, agency-operated transitional and permanent housing, linkage with and monitoring of a wide variety of supportive services, assistance with public housing applications and development of employment opportunities, referral to Medicaid and other mainstream benefits as well as other forms of direct, client-based service. For FY2015, the Coalition is requesting \$63,724 in PATH funding.

COLLABORATION WITH HUD CONTINUUM OF CARE PROGRAM:

The Greater Wheeling Coalition for the Homeless has successfully applied to the Department of Housing and Urban Development's Supportive Housing Program as part of the federal Continuum of Care response to homelessness since 1996. Through this source, the Coalition provides Transitional Housing, Permanent Housing for People with Disabilities and Supportive

Services-Only programming, as well as a Homeless Management Information System. In addition, the Coalition has applied for and been awarded funding by agencies and sources including the American Recovery and Reinvestment Act, the Dept. of Veteran Affairs, the West Virginia Department of Health and Human Services, the Governor's Office of Economic Opportunity, the West Virginia Affordable Housing Trust Fund, the Federal Home Loan Bank-Pittsburgh and the Northern Panhandle HOME Consortium, among others. The Coalition routinely participates in local and statewide consolidated planning efforts and submits information to a variety of federal, state and local reporting and data collection efforts including the Point In Time Count, the Homeless Data Exchange, the Annual Housing Assessment Report to Congress and regular Annual Performance Reports encompassing the progress of individual programs in meeting national goals and objectives related to serving consumers and ending homelessness. Members of the Northern Panhandle Continuum of Care meet on a quarterly basis to share planning ideas, discuss barriers to housing or services and collaborate on solutions intended to end homelessness and improve the lives of those who become homeless.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS:

The Coalition serves as lead agency for the Northern Panhandle Continuum of Care. By working in a collaborative fashion with local, state and federal governments, members of the NPCOC have worked with broad sections of the region to not only increase awareness of homelessness locally but also worked to develop innovative solutions designed to help people find safe, secure housing. Key organizations participating in the NPCOC and providing services to homeless people in the region include: social service administrators (Vet Center), advocates for mental health customers (NAMI), community behavioral health providers (Northwood and Miracles Happens Center), shelter/housing providers (YWCA, Salvation Army, the Coalition, Hospitality House, Helping Heroes), private business (architects/attorneys), funding sources (City of Wheeling and United Way) and other service providers (Information Helpline, Youth Services System, Family Violence Prevention Program, CHANGE Inc., law enforcement). Each member lends an array of factual data to the group's planning process, a wellspring of resources and varied perspectives on the current issues. As lead agency for the NPCOC, the Coalition conducts centralized intake assessment of people requesting homeless assistance five days a week. The intake assessment is an opportunity for case management staff to begin collecting personal information as part of an evaluation of service needs and the steps which must be taken to end homelessness. During intake, clients are screened for eligibility in a wide variety of programs including emergency shelter, transitional housing, permanent housing for people with disabilities, supportive services, VA- and ESG-funded rapid re-housing and homelessness prevention, behavioral health community engagement and mainstream benefit programs, as well as applications for public housing and private market rental apartments. The Coalition also administers and is the exclusive provider of technical assistance for all HMIS users in the region – since the adoption of the statewide ServicePoint HMIS, the HMIS responsibilities of Coalition staff have radically transformed and the costs associated with employing an HMIS specialist responsible for the entire region is significant, especially when compared to the fact the previous HMIS vendor provided these services at no cost. As lead agency for the NPCOC, Coalition staff organize quarterly meetings of both the full Continuum membership and all local shelter providers in Provider Meetings which offer the opportunity for emergency shelters, supportive

housing programs and SSVF grantees to discuss specific issues and concerns related to serving the homeless population in the area.

SERVICE PROVISION:

The Greater Wheeling Coalition for the Homeless serves as lead agency for the Northern Panhandle Continuum of Care, conducting daily intake interviews and client screenings to provide centralized intake and assessment for homeless shelter programs in the region. The Coalition works with a variety of partners to develop a seamless system of supportive services for homeless people and PATH-eligible clients in the Northern Panhandle. This includes providing outreach to vulnerable populations, needs assessment, supportive service case management, assistance with housing placement, the operation of homeless shelter programs and referral to a wide variety of community resources and mainstream benefits. The Coalition serves as the HMIS Lead for the NPCOC and is currently using ServicePoint offered through the vendor, Bowman Systems. The HMIS will be used by all homeless service providers in the state and is expected to improve information sharing and referral among participating agencies. Currently, agencies in the NPCOC using the HMIS include the Coalition, Wheeling YWCA and Helping Heroes of Moundsville; the YSS Homeless Youth program is planning to join the system. While Coalition staff do not provide direct clinical services, staff do assess the needs of PATH consumers and provide clients with referral to an array of health care clinics including Wheeling Health Right or Wheeling Family Practice as well as Medicaid applications with the local DHHR offices, community and independent behavioral mental health providers such as Northwood Health Systems, HealthWays or Hillcrest Behavioral Health Services, substance abuse programs including Miracles Happen and the Wheeling YWCA WIND program, housing providers such as local public housing authorities and HUD-subsidized housing accepting Section 8 voucher and employment resources which include Workforce WV, local temporary employment agencies and regular volunteer workshops on employment-related topics at the Coalition administrative offices.

SERVICE PROVISION:

In an effort to extend services to individuals and build awareness of the resources available locally, Coalition staff participate in an outreach team including the Director of Public Health, who also serves as co-chair of the NPCOC, and volunteers including social workers, nurses and volunteers. Every two weeks, this outreach team visits service providers, public places and local campsites in efforts to identify and engage people who are chronically homeless. These efforts provide demonstrable success improving the lives of local homeless people by not only providing information about the supportive services and housing options available in the area but also through the simple extension of community and connection to people too often excluded at the margins of society. In addition, the Director of Public Health and outreach team volunteers also made regular visits to a local cold weather shelter to provide screening and referral services to meet the health care needs of this population. This seasonal wet shelter predominantly serves a population of hard to house homeless people with substance abuse and mental health issues. By connecting consumers with local mental health therapists and substance abuse programs such as the First Step program operated by Northwood, the Reformer Unanimous and other 12-step recovery programs, the Coalition is actively working to help prevent substance abuse and mental

illness among PATH consumers. The Coalition has worked with volunteer law professionals during the last year to provide information regarding legal rights and options, as well as facilitating regular sessions with a licensed mental health therapist to discuss trauma-informed approaches to conflict resolution and coping strategies. In addition, the Coalition developed a Community Engagement program in 2014 to focus on increasing the stability of people with health concerns in an effort to reduce hospitalization or mental health-related inpatient episodes. Community Engagement Specialists promote social and emotional wellbeing using prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. In 2013, the Coalition was one of three local agencies to develop and implement the Supportive Services for Veteran Families program, which is designed to connect low-income homeless Veterans and their families with supportive services such as VA medical treatment, as well as assistance securing or maintaining housing. SSVF includes a dedicated focus on outreach to local population, which is used in conjunction with PATH efforts to ensure homeless contacts are informed of the full array of services available in the region. All Coalition programs are designed to help individuals and their families achieve stability and independence by addressing the factors which contributed to and resulted in becoming homeless.

SERVICE PROVISION: Describe any gaps that exist in the current service systems.

Persistent gaps between the local need and the resources available to serve homeless PATH consumers in this region include a lack of affordable housing and limitations on funding associated with operation of existing shelter facilities. The availability of funding directed at the continued operation of shelter facilities would address both concerns, making it easier for shelter providers to focus on assistance to clients rather than diverting effort to fundraising appeals. While there is always a need for funding of acquisition, construction and rehabilitation projects designed to create new shelter beds, too many investors fail to understand the importance of maintaining those buildings and programs after they have been developed. In addition to funding operational expenses of existing supportive housing shelter programs such as Transitional Housing or Permanent Housing for People with Disabilities, financial support of innovative strategies to provide short-term financial assistance to homeless clients with low or no income are also a cost-effective way to improve access to affordable housing. Programs providing short-term rental assistance have been successful in helping people with low incomes secure private market housing, which has the beneficial effect of providing permanent living arrangements without the need for long-term shelter stays. However, such programs are only effective when rental units are available in the local community and case managers are able to provide the supportive services necessary to ensure stability of consumers who lack the skills needed to maintain housing or who may have mental health or substance abuse concerns. In the course of helping clients work with local landlords to locate affordable rental units, Coalition staff have documented the meteoric increase of regional housing costs during the last four years. According to this data, the rent of a one bedroom apartment nearly doubled during this time period. In August 2010, a single bedroom unit could be rented for prices ranging from \$415 – 625 a month; since then, costs have risen to \$850/month or more for units which do not include utilities. Households searching for larger, family-sized accommodations have faced even more dramatic increases: in April 2015, a 3-bedroom apartment including utility costs in this region is renting for as much as \$2,400/month. As might be imagined, housing expenses of this magnitude pose catastrophic challenges for people already struggling at the margins of poverty, who are at

serious risk of being priced out of the local housing by these unprecedented rental increases. According to a September 25, 2013 story in the Wheeling News-Register: *"It's Economics 101 - supply and demand. As out-of-state gas drillers and pipeliners move into the area, demand for available housing skyrockets, and the number of available units drops. This adds up to higher rent costs, which oil and gas workers may be able to afford but some Ohio Valley residents cannot. "If your landlord wants to make more money, that's their prerogative," said one local housing advocate. "It's great for the property owners, but it's terrible for the people who have lived here for years ... I just really feel bad for them."* Expensive housing costs are challenging for anyone to absorb but PATH consumers who are unable to work due to disability face even more overwhelming difficulties: based on an average Supplemental Security Income (SSI) of \$733 a month, someone in Wheeling living on SSI would only be able to afford \$219 in rent before exceeding the affordable housing threshold, creating a monthly gap of more than \$450 between fair market rent for a two-bedroom apartment and what they can afford as a reasonable portion of their monthly income – and it must be stressed once more that many housing units in this region routinely exceed FMR. At the time of this writing, Coalition staff recently documented housing costs for a two-bedroom apartment which averaged more than \$1,200 a month without utility costs – nearly twice the total income of a client on SSI. In order to be considered affordable, HUD determines housing costs should account for no more than 30 percent of monthly expenses. In regions where housing costs are higher than normal, this becomes extremely challenging. According to information presented by the National Low Income Housing Coalition, a worker in Wheeling must earn at least \$13/hour to afford a two-bedroom apartment at fair market rent standards. Someone earning the minimum wage would need to work more than 72 hours a week to be able to afford such a unit while spending only 30 percent of their income. As the Coalition has documented, apartments available at fair market rent standards are extremely difficult to find in this region. High rental costs have trickle-down effects on other aspects of the broader housing market as well – for example, many homeless clients who apply for PHA or subsidized Section 8 housing vouchers endure an extremely long wait between application, approval and placement in a unit, sometimes remaining at the top of a waiting list for a year or more. Given the lack of affordable housing on the private market, people who have already secured public or subsidized housing have little incentive or even the ability to move out, severely limiting the ability of new applicants to access those resources. It is also worth noting that some PATH consumers are denied placement in local emergency shelter programs, for reasons ranging such as inability to maintain sobriety or because of disruptive behavior on previous occasion, which is frequently the result of untreated mental health issues. These issues demonstrates the pressing degree of need for services to this population and the importance of continuing to pursue innovative solutions.

SERVICE PROVISION:

The Coalition has well-established relationships with several local programs providing treatment, mental health and outpatient services to consumers with both serious mental illness and substance use disorder. Lazarus House, Miracles Happen and Northwood Health Systems offer both shelter and treatment services and the local NAMI drop-in center is available to provide PATH consumers who have secured housing with highly sought after and well-received services. These programs are linked in a reciprocal referral system able to help consumers directly access the services most appropriate to their need. As a community intake provider, the Coalition often

initiates this cycle on behalf of consumers who are homeless, by providing referral to a specific program or treatment-based facility. Once the consumer is stabilized, the Coalition can offer secure placement in an appropriate transitional or residential housing program while also continuing to offer formal links with treatment programs through a consumer's Individualized Service Plan or ISP. Some of the local services available to consumers include: Lazarus House, which offers shelter and treatment for people in recovery; Northwood Health Systems, which provides day treatment, a First Step program, a community integration program and Intensive Outpatient Program [IOP] for people with addiction issues, and; Miracles Happen, a detoxification and residential treatment facility, which also provides an outpatient treatment program and a relapse prevention group. Each consumer is encouraged to participate in meaningful daily activities, such as employment, school attendance or volunteering. Case managers also work with consumers to establish healthy relationships with family and peers, in addition to developing a social network which can provide stability and support. Recovery from crisis can often be defined by successful integration into the larger community, which can be evaluated by regular case management monitoring of engagement with mental health services and review of consumer ISP benchmarks such as compliance with treatment goals. In 2014, the Coalition applied for and was awarded funding for Community Engagement Specialists which allowed the agency to restructure case management staff to accommodate the often time-intensive needs of PATH consumers. By using CES to work with staff, the Coalition is able to provide the individual attention needed by clients with significant physical or mental health issues, in an effort to reduce hospitalizations by ensuring medical and counseling appointments are kept. Last year, 39 percent of PATH consumers were receiving psychiatric treatment at intake; after receiving services through the PATH grant, 76 percent were engaging in successful psychiatric treatment, demonstrating the level of success Coalition programs achieve. Experience with Independent Care Coordination has demonstrated the effectiveness of regular contact in preventing crisis and reducing the need for hospitalization. The Coalition also offers weekly group meetings which provide consumers with an opportunity to develop the skills needed to enhance their ability to make better personal decisions. Consumers in the Coalition housing programs are required to attend this group for a minimum of six weeks and continued participation is encouraged by staff.

A portion of the Coalition's PATH budget is used to pay for staff attendance of conferences and seminars, such as the PATH Retreat and CEU courses. These programs update staff credentials and educate them on the latest social work practices regarding homelessness, cultural diversity and poverty. The importance of this training has grown as both programs continue to expand and as other sources of program support have determined these costs to be an ineligible or low-priority use of funding. Evidence-based practices in use by Coalition staff include motivational interviewing, SOAR and Second Step. In addition to these techniques, all the Coalition staff attend regular trainings specific to the homeless population served by the agency and individual staff attend specialized training in unique areas directly related to programmatic expertise. This

training updates staff credentials and provides instruction on the best practices regarding service to the homeless population, cultural diversity, poverty and the latest evidence-based practices, as well as guidance on helping clients comply with the health insurance coverage mandate associated with the Affordable Care Act. Training attended during the last year included: National Law Center on Homelessness and Poverty: No Safe Place - The Criminalization of Homelessness in U.S. Cities (July 17, 2014); SOAR Learning Community Call - Supporting Quality Applications (July 22, 2014); HUD and USICH: Core Principles of Housing First and Rapid Re-Housing (July 22, 2014); How Trauma-Informed is Your Organization? Assessing and Improving Organizational Performance webinar (July 24, 2014); SAMHSA's Homeless and Housing Resource Network: Making the Transition from Homelessness to Tenancy (Aug. 12, 2014); Come Together on Addiction training (Aug. 15, 2014); Job-Driven Training in HVRP webinar (Aug. 28, 2014); SAMHSA: Health Information Technology (Aug. 18, 2014); How a Flexible HMIS Solution Supports and Effective Coordinated Assessment Model webinar (Aug. 18, 2014); HUD FY 2014 Continuum of Care Program Completion: Strategies for Continued Success webinar (Aug. 19, 2014); National Council for Behavioral Health: What You Really Need to Know About Being a Trauma-Informed Organization webinar (Aug 22, 2014); PATH Annual Reporting training (Oct. 12, 2014); Collaborate 2014 HMIS training (Oct. 8-10, 2014); Introducing the SOAR Leadership Academy Webinar (Oct. 22, 2014); HHS: Getting Ready to Enroll Health Insurance Marketplace 101 webinar (Oct. 29, 2014); Using Evaluation Data to Improve and Sustain your Program webinar (Nov. 4, 2014); Helping Job Seekers & Workers Access Affordable Health Insurance Options webinar (Nov. 12, 2014); SAMHSA: Housing Focused Outreach and Engagement webinar (Nov. 18, 2014); HMIS Training with Bowman Systems (Dec. 3-4, 2014); SAMHSA: Health Insurance Enrollment webinar (Dec. 4, 2014); Suicide Prevention/Mandated Reporting training (Dec. 11, 2014); DHHR: Results-Based Accountability training (Dec. 19, 2014); HUD, USICH and HHS on Housing and Healthcare: Opportunities to Partner webinar (Jan. 6, 2015); PTSD/Acute Stress Disorder and Involuntary Commitment Protocol training (Jan. 7, 2015); Strategies to Increase Health Insurance Enrollment for People Who Are Homeless webinar (Feb. 24, 2015); Shale Symposium: What Communities Need to Know (March 19, 2015); Motivational Interviewing in Action: Integrating Motivational Interviewing Across Your Agency (March 26, 2015); The Spirit of Motivational Interviewing: Guiding People Toward Change (March 27, 2015.)

Migration of PATH data into an HMIS is supported by the 2014 adoption of a new HMIS which is used by all homeless shelters and service providers in West Virginia. Coalition staff use the ServicePoint HMIS to collect data on PATH consumers in order to ensure successful reporting on program goals and track client outcomes. By switching HMIS vendors, the Coalition was required to develop an HMIS Specialist position responsible for administration of the system by overseeing reports, verifying data in the HMIS, troubleshooting problems and training users. The costs associated with the development of this additional position have been considerable and the HMIS funding available through HUD were fixed years before the decision was made to adopt a statewide system; no additional funds are available from HUD for this purpose. As a result, the

Coalition is the only Continuum in the state which employs only a part-time HMIS Specialist for local administration of the system - every other Continuum of Care has access to HUD support allowing one or more full-time HMIS staff, underlying the critical need for other funding sources to provide this support – to ensure accuracy in client tracking, as well as the increased reliance on HMIS for PATH reporting, a portion of these increased costs must be attributed to this program. Based on the additional expenses associated with the use of ServicePoint, which include not only the wages/benefits necessary to employ a FTE HMIS Specialist, but the ongoing HMIS maintenance costs which include licensing, internet access, equipment and other costs associated with adoption of a different HMIS as part of the statewide implementation, the gap between the HMIS funding available to the Coalition and the expenses actually incurred amounts to approximately \$29,400, or more than twice the total amount of HMIS funds currently available to the agency. Previous sources of HMIS funding, such as HUD’s Supportive Housing Program, are static and make no allowance for the additional staff costs or the expenses associated with the transfer of data between systems, training or increased user fees which were required as a result of the transition. Current HMIS funding will cover only 44 percent of these increased costs. In order to stay up-to-date on the data entry requirements associated with the statewide HMIS implementation, Coalition staff attended several training meetings and workshops on the use of the ServicePoint HMIS. Those trainings included: SSVF-HMIS End User Training webinar (April 22, 2014); SSVF HMIS webinar (April 24, 2014); HMIS End User Training; GWCH Case Managers (April 25, 2014); SSVF-regional meeting/training (May 8, 2014); HMIS End User Training; YWCA (May 27, 2014); HMIS-SSVF End User Training; Helping Heroes (June 30, 2014); System Admin. II Training ServicePoint Modules (June 24-26, 2014); HMIS-SSVF End User Training; Helping Heroes (July 18, 2014); SSVF-regional meeting/training (Sept. 4, 2014); HMIS: Collaborate 2014 Bowman Systems training (Oct. 8-10, 2014); HMIS-SSVF End User Training; Helping Heroes (Oct. 24, 2014); SSVF webinar: 2014 HUD Data Standards (Oct. 30, 2014); HMIS End User Training; GWCH Case Managers (Nov. 17, 2014); HMIS End User Training; YWCA (Nov. 25, 2014); System Admin. II Training; ART ADHOC Training (Dec. 3-4, 2014.)

DATA:

The Coalition is fully utilizing HMIS for PATH services, having initiated a Homeless Management Information System in 2002. This system was designed to not only link providers but also simplify consumer access to services throughout the region by providing agencies with a single, unified referral platform. Coalition staff regularly track PATH information such as dates of contact, referrals made, nights in shelter and other case management data collected during intake interviews with consumers requesting service and follow-up meetings. In 2013, the Coalition began the process of switching between HMIS vendors in order to better coordinate with other shelters and homeless service providers across the state of West Virginia. On April 1, 2014, Coalition staff began entering all new PATH-eligible consumers into the ServicePoint HMIS and ceased entering data on all existing clients into the previous ROSIE HMIS on April

30 of that year after MISI completed uploading data to Bowman Systems for data quality testing and final integration. The Coalition began using ServicePoint exclusively for all clients beginning May 1, 2014. According to the HMIS vendor, ServicePoint is capable of providing all PATH reporting data and the Coalition is in the process of configuring internal tabs in order to track client referrals logged on the system. However, it is also important to note outreach interviews rarely touch on all the identifiers needed to meaningfully track client data, due to the lengthy process of establishing trust and rapport often necessary to elicit this information from the chronically homeless. Experienced staff are able to train new hires in the use of the system and the HMIS vendor is available to provide technical assistance for users. Periodically, refresher training courses are made available upon request to any affiliated user of the system. Implementation funding covered all the costs associated with developing the system and providing HMIS coverage to participating agencies for the first four years. While the Coalition has moved forward with the transition to a single statewide HMIS serving all homeless service providers throughout the State of West Virginia, a number of significant barriers remain. Use of the ServicePoint HMIS imposes an additional burden on case management time, due to the more intensive data entry requirements of the system. The Coalition is also the only Continuum of Care in the state without the benefit of a full-time Systems Administrator position, relying on the services of a staff member dividing time among other duties. The switch in HMIS vendors requires the Coalition to take on the burden of producing and submitting Congressional AHAR data, a function previously addressed by the ROSIE HMIS vendor. Lastly, the need to maintain two different non-compatible HMIS services during the lengthy and time-consuming data conversion meant the Coalition was required to pay for two HMIS services until the switch was complete, resulting in significant additional costs. Currently available HMIS funding cover only 44 percent of the increased costs imposed by the new system and these costs are expected to increase in coming years. The Coalition has not received additional funding for HMIS costs from the PATH program and there are no additional HUD funds available to cover these increased costs. Less than 3 percent of the Coalition's total budget is supplied by HMIS funding, compared with as much as 54 percent available to other agencies serving the homeless in this state. As a result, PATH funding must be provided to cover a portion of the increased staff and programming costs related to the use of the HMIS.

While the Coalition and members of the Northern Panhandle Continuum of Care had successfully used the ROSIE HMIS operated by MISI since 2006, the system was one of several adopted by regional continuums of care in the state. After lengthy negotiations, all four Continuums of Care in West Virginia agreed to adopt a single HMIS vendor in 2013. The ServicePoint HMIS is now used throughout the state, in an effort to better coordinate services, client tracking and reporting on data and outcomes. Representatives of each of these regional continuums participate in a statewide HMIS Committee and the Executive Director of the Coalition serves as Vice-Chair for this group, which works to develop uniform policies and procedures to produce acceptable aggregate reporting. The ServicePoint HMIS is capable of generating all PATH reports and will track the relevant universal data standards as well as progress toward established performance measures. GWCH staff meet on a monthly basis to

validate HMIS utilization and performance concerning data entry, user participation and reporting outcomes. Members of HMIS committee organize regular system training and educational updates, visit partner agencies, review submitted data for accuracy, identify and work to address any potential problems with use of the system, serve as a support network for users, oversee billing and acts as a liaison between the vendor and users. As lead agency for the NPCOC, the Coalition organizes quarterly meetings of the full membership as well as committee meetings focusing on specific subjects. Provider Meetings are held on a quarterly basis to offer staff of various shelters and service providers in the region an opportunity to discuss progress toward ending homelessness, as well as related issues, concerns or programmatic changes. HMIS data and policies are regularly reviewed and any issues with utilization or bed coverage are discussed.

The Coalition does not provide clinical services, although case management staff do refer PATH consumers and other homeless clients to local therapists providing psychological, psychiatric or mental health services. As a result, the Coalition currently has no plans to adopt an EHR system.

The Coalition currently has no plans to adopt an EHR system, due to the fact the agency does not provide clinical services. Case management staff do refer PATH consumers and other homeless clients to local therapists providing psychological, psychiatric or mental health services but the Coalition currently has no plans to begin providing such services.

The Coalition currently uses the ServicePoint HMIS for all client intake and case management tracking. Due to the fact the Coalition does not provide direct clinical services, the agency currently has no plans to integrate the ServicePoint HMIS with an EHR system.

SSI/SSDI OUTREACH, ACCESS, RECOVERY (SOAR):

During the Coalition's intake assessment, all applicants are asked if they have access to identification documents such as their Social Security card or birth certificate. While not every consumer requires a SOAR application, these identification documents are a critical component of a successful application to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, which has proven to be highly effective in linking consumers with the sometimes difficult to access mainstream resources available to them. The Coalition currently has two experienced SOAR-trained case managers able to help clients navigate the process of applying for mainstream benefits such as Supplemental Security Income and two other case managers are currently enrolled in SAMHSA's SOARWORKS online course; once this instruction is completed, 100 percent of the Coalition case management staff will be SOAR-trained. In addition to the online instruction provided by SAMHSA, introductory SOAR training is provided by a state-wide advocacy organization, the West Virginia Coalition to End Homelessness. Once adept with the program, case management staff routinely refresh and update their training by attending webinars and telephone conference calls on the subject. During the last year, these training sessions have included: SOAR Learning Community Call - Supporting Quality Applications (July 22, 2014); Introducing the SOAR Leadership Academy Webinar (Oct. 22, 2014); SOAR Online Training (March 24, 2015); SOAR Webinar: The Need for SOAR (April 6, 2015); SOAR Webinar: Initiating the Application (April 13, 2015); SOAR Online Training (April 13, 2015.)

During the last program year, Coalition staff assisted 10 PATH consumers with a SOAR application – while only 1 of those were approved after the initial application, case managers successfully appealed the decision for 3 PATH consumers who were ultimately approved for benefits; at the time of the report was developed, 4 of the application were pending a determination. In addition, the two remaining PATH consumers are currently in the process of completing a reconsideration determination, a process which can take up to 18 months to complete. While staff also assist clients with applications for other resources such as CHIP, food stamps, Medicaid, TANF and Head Start, the level of detail necessary for a successful SSI application and appeal is sufficient to meet the requirements of any other benefit program – another reason why the level of documentation needed for a SOAR application is used as the standard for client identification. When all documentation is available, case managers can immediately proceed with an evaluation to determine whether the client is eligible for any mainstream benefits or support programs. When full documentation is not available, case managers use SOAR training to determine what identification is necessary to serve the needs of a particular client and apply for those documents on behalf of the client.

HOUSING:

A variety of issues are addressed during the Coalition case management process to ensure consumers are matched with the proper type of housing. These include identifying potential housing resources, completing housing applications and assisting in the access of supporting documentation needed to make a successful housing application, such as securing fingerprint records, photo ID and birth certificates. Coalition staff use a self-sufficiency matrix (SSAM) during intake to evaluate clients and determine the housing outcome which best fits their needs. Housing options include agency-sponsored transitional and permanent housing programs or emergency shelter placement as well as both private market and federally-subsidized permanent housing, in addition to a short-term rapid re-housing rental assistance program. In 2013, the Coalition also developed and implemented a Supportive Services for Veterans Families program funded by the Dept. of Veteran Affairs which provides case management support along with rapid rehousing and homelessness prevention assistance using the Housing First concept. Along with acquiring the vital information necessary for the consumer to access housing, the Coalition can use PATH funding with HUD or DHHR support to eliminate homelessness by paying a single month of rent or for a deposit towards permanent housing. One of the primary goals of Coalition case management is to ensure consumers have the ability to maintain safe, affordable, long-term housing, while also encouraging the development of as functional a level of independence as possible. In an effort to better tailor programs to meet the needs of the consumers and track their success in ending homelessness, the Coalition provides six months of follow-up services to consumers, allowing opportunities for home visits to verify housing stability. The HUD Supportive Housing grant and the Community Engagement grant assist with a portion of the costs of providing this follow-up care to consumers, including \$430 dedicated to paying for vital records and emergency prescription refills or \$412 for transportation costs which include accompanying clients to public housing interviews or apartment inspections. Coalition

programs are designed to align with the specific reporting goals and procedures of all funding sources, such as ensuring consumers have opportunities to improve self-determination, increase income and remain stably housed in the community without the need for hospitalization or crisis intervention. The Greater Wheeling Coalition for the Homeless is the only agency in the Northern Panhandle authorized to make payments through the WV Department of Health and Human Resources for emergency shelter. As a result, the Coalition is the only overall case management agency for the area's population of people without homes. Local emergency shelters providers include: Wheeling Salvation Army (28 dormitory-style beds for individuals, with two family rooms consisting of 7 beds; shelter also offers 10 overflow cots); YWCA Emergency Shelter (3-bed capacity for single women with no children); YSS Winter Freeze Shelter (16-bed seasonal cold weather shelter); Wheeling Treatment and Support Center operated by Northwood Health System (8 beds for homeless single males and females, with a focus on those with mental health care needs) and; Catholic Charities Hospitality House (one unit with up to 7 emergency shelter beds for a family with children). Specialized facilities available to people who are homeless include: Greater Wheeling Coalition for the Homeless Transitional Shelter Program (four units for families and four units for childless adults) and Greater Wheeling Coalition for the Homeless Residential Housing Program (18 beds of permanent housing for people with disabilities.)

STAFF INFORMATION:

The Coalition currently employs 11 full-time and 3 part-time staff members. Ten of those employees are female and four are male; all are Caucasian. In addition to paid staff, the Coalition also has three part-time volunteers: all three are females; two are Caucasian and one African-American. The Coalition employs two licensed Social Workers. The Executive Director holds credentials and education in the fields of business administration and social work. All Coalition programs are provided in accordance with the West Virginia Human Rights Act, which prohibits discrimination based on race, religion, color, national origin, ancestry, sex, age, blindness or handicap, or familial status. In August, 2013, the Coalition hosted the "Faces of Fairness" photography and film exhibit. This event was a continuation of the Fairness WV campaign for the Wheeling area, which included efforts to both raise awareness concerning discrimination issues and to support updating the Human Rights Act to include sexual orientation and gender identity as per the Employment and Housing Non-Discrimination Act. The Coalition has adopted a mission statement, policies and procedures focused on the goal of advocating for, and providing housing and human services to, people who are homeless, regardless of gender, race, age, creed or orientation. In addition to providing community education on the plight of homelessness, all Coalition programs are deeply rooted in notions of fairness and non-discriminatory practices. Coalition staff routinely attend workshops addressing fair housing, cultural diversity and a full range of lifestyles including lesbian, gay, bisexual and transgender, as well as required PATH training programs. One Coalition case manager is trained in ASL,

American Sign Language, and staff have access to language interpreters through the local Wheeling Jesuit University. Due to the demographic makeup of the region, the vast majority of clients served by the Coalition do not conform to any ethnic or racial subpopulations in need of language or cultural accommodation. Dedicated efforts to ensure the cultural competence of Coalition staff have included *the Cultural Competency Workshop for Agencies Serving the Homeless*, a presentation conducted by a Master's of Social Work student at West Virginia University. This three-part workshop included topics such as: defining culture, competence and cultural competency; experience with difference; comparison of tolerance and acceptance; self-awareness activities, and; ways of achieving increased cultural competence and comfort with diversity. Certificates of completion were given to all staff and, when applicable for ongoing development purposes, independent learning CEUs. The Executive Director of the Coalition also attended a conference in April, 2013 on *Intro to World Religion for Helping Professionals*, which focused on subjects such as enhancing cultural competence.

BUDGET NARRATIVE:

See WebBGAS attachment.

3. Prestera Mental Health Center

627 4th Avenue
Huntington , WV 25701

Contact: Traci Strickland
Contact Phone #: 3048813765

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: WV-016

State Provider ID:

Geographical Area Served: Region 5

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 22,230	\$ 6,300	\$ 28,530	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 18,525	1.00	\$ 18,525	\$ 0	\$ 18,525	Engagement specialist-
Other (Describe in Comments)	\$ 3,705	1.00	\$ 3,705	\$ 0	\$ 3,705	Engagement specialist
Other (Describe in Comments)	\$ 6,300	0.00	\$ 0	\$ 6,300	\$ 6,300	supervisor

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	14.49 %	\$ 4,135	\$ 1,260	\$ 5,395	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 5,100	\$ 1,234	\$ 6,334	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 5,100	\$ 1,234	\$ 6,334	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Construction (non-allowable)				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Other	\$ 5,356	\$ 3,480	\$ 8,836	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	\$ 5,356	\$ 3,480	\$ 8,836	supplies

i. Total Direct Charges (Sum of a-h)	\$ 36,821	\$ 12,274	\$ 49,095	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0	

k. Grand Total (Sum of i and j)	\$ 36,821	\$ 12,274	\$ 49,095	
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Source(s) of Match Dollars for State Funds:

In-kind donations, private donations, other community organizations, or state dollars.

Estimated Number of Persons to be Contacted: 450 Estimated Number of Persons to be Enrolled: 300

Estimated Number of Persons to be Contacted who are Literally Homeless: 392

Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 3

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: Prestera Center for Mental Health Services

BUDGET PERIOD ENDING: 6/30/2016

ORIGINAL ☒

REVISION ☐

REVISION # ☐

ASSIGNED PROGRAM NAME: PATH - Federal

DATE 4/28/2015

STATE ASSIGNED ACCOUNT NUMBER: _____

CURRENT YEAR ALLOCATION: \$36,821

*DIRECT COSTS		BHHF Funds	**OTHER Funds	TOTAL
A. PERSONNEL (DESCRIBE POSITIONS)				
1. Bob Mills, FTE, Engagement Specialist		\$18,525		\$18,525
2. Traci Strickland, PATH Supervisor (.15 FTE)			\$6,300	\$6,300
3. Michelle Gartin (.20 FTE) Engagement Specialist		\$3,705		\$3,705
4. _____				\$0
5. _____				\$0
Category Subtotal:		\$22,230	\$6,300	\$28,530
B. FRINGE BENEFITS				
1. Pension		\$1,112	\$315	\$1,427
2. Health Insurance		\$1,334	\$441	\$1,775
3. FICA		\$1,689	\$504	\$2,193
4. _____				\$0
5. _____				\$0
6. _____				\$0
Category Subtotal:		\$4,135	\$1,260	\$5,395
C. Equipment (Describe):				
1. _____				\$0
2. _____				\$0
3. _____				\$0
Category Subtotal:		\$0	\$0	\$0
D. SUPPLIES				
1. DIRECT OFFICE SUPPLIES		\$900		\$900
2. GENERAL PROGRAM SUPPLIES		\$4,200	\$1,234	\$5,434
3. HOUSEKEEPING SUPPLIES				\$0
4. _____				\$0
5. _____				\$0
6. _____				\$0
Category Subtotal:		\$5,100	\$1,234	\$6,334
E. CONTRACTED SERVICES (DESCRIBE):				
1. _____				\$0
2. _____				\$0
3. _____				\$0
Category Subtotal:		\$0	\$0	\$0
F. CONSTRUCTION (Special Permission)				\$0
G. OTHER				
1. DIRECT STAFF TRAVEL & VEHICLE GASOLINE		\$3,900	\$3,000	\$6,900
2. RENT				\$0
3. DEPRECIATION				\$0
4. REPAIRS & MAINTENANCE (vehicle)		\$500		\$500
5. REPAIRS & MAINTENANCE (facility)				\$0
6. REPAIRS & MAINTENANCE (Equipment)				\$0
7. INSURANCE (property, liability, etc.)				\$0
8. UTILITIES				\$0
9. PHONE		\$956	\$480	\$1,436
10. HOUSEKEEPING SERVICES				\$0
11. _____				\$0
12. _____				\$0
13. _____				\$0
Category Subtotal:		\$5,356	\$3,480	\$8,836
TOTAL DIRECT COSTS (SUM OF A - G)		\$36,821	\$12,274	\$49,095

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

	BHHF Funds	OTHER Funds	TOTAL
1. TOTAL DIRECT COSTS (From Prior Page)	\$36,821	\$12,274	\$49,095
2. *** BHHF INDIRECT COST BASE AMOUNT	\$36,821		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$36,821		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$12,274	
7. ANTICIPATED PROGRAM INCOME EARNED		\$12,274	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			\$49,095

BRIEF PROJECT DESCRIPTION:

FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)

NOTES:

*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

**Any anticipated amounts of program income should be included in the budget for Other Funds.

*** BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

****In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

***** Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: _____

DATE 1/0/1900

Telephone Number: _____

BHHF USE ONLY

DIVISION DIRECTOR APPROVAL _____

DATE _____

DEPUTY COMMISSIONER APPROVAL _____

DATE _____

Narrative for PATH Detailed Line Item Budget
Pretera Center for Mental Health Services, Inc.
FY 2015
04/28/15

- A. Personnel: The job descriptions for each position are included in this mailing. Some descriptions explain job functions for various titles and are listed on the job descriptions. The staff members that are listed in the personnel section of the detailed line item budget work in the program in which Pretera receives BHHF funding.
- B. Fringe Benefits: The details of the fringe benefits are listed in the detailed line item budget and are specifically applicable to the employees listed in the personnel budget and only for the percentage of time devoted to the program.
- C. Equipment: None for FY 2015.
- D. Supplies: Supplies include general program supplies that aid in program operation.
- E. Contractual Costs: None for FY 2015.
- F. Construction: None for FY 2015.
- G. Other: Other costs include staff travel which is based on reimbursement of .45 per mile for traveling to required meetings, transportation of clients in personal vehicles and traveling between Pretera sites. Vehicle Gasoline is the cost that we incur to transport clients. Utilities directly relate to the upkeep and costs of the facilities in which Pretera Center houses its programs and without these expenses we could not run the programs safely and efficiently.
- H. Indirect Costs: PATH indirect rate is set at 17.44%. Indirect costs are based on the indirect cost report submitted to BHHF.

Local Provider Description

Name: **Pretera Center for Mental Health**

Type of Organization: Community Mental Health Center

Region Served: 5

Amount of Federal PATH Funds Received: \$36,821

Collaboration with HUD Continuum of Care Program

The first PATH position created, was born from a partnership with the Cabell Huntington Wayne Continuum of Care (CHWCOC). The PATH Engagement Specialist (PATH ES) and the PATH Program Director are both very involved with this CoC. The PATH ES participates in multiple CoC committees including the Front Line Lunch Bunch, HMIS and the Housing First Committee. The program director sits on the same committees as well as the Governance Committee. The CEO of Pretera sits on the CHWCOC Steering Committee, which functions similarly to a Board of Directors.

The second PATH ES position, which was created in the fall of 2012, provides funding for Pretera's PATH program to cover an additional 4 counties that are located in two other CoC's. This funding expands services to Mason, Lincoln, Putnam and Boone Counties. Mason and Lincoln Counties are in the Balance of State (BOS) CoC and Putnam and Boone Counties are in the Kanawha Valley Collective (KVC) CoC. The PATH ES in these counties will be involved with the Community Solutions Committee and the Supportive Services Committee of the KVC. The program director is the chair of the Project Resource Committee and Pretera has a seat on the KVC Board of Directors. At this time, the BOS committee structure does not support continuous involvement by the PATH ES due to time and travel constraints. However, this position will be available for participation and may be more involved in the future as the BOS committee structure changes and grows. The program director is on the Board of Directors of the WV Coalition to End Homelessness, the parent organization of the Balance of State CoC.

Collaboration with Local Community Organizations

The engagement specialists have full access to all the services provided by Pretera and other community providers. In Huntington those partners are: the Huntington Housing Authority, which assists in acquiring safe affordable housing; Huntington City Mission; Harmony House, which provides basic health, indigent medications, social services and life skills training; Information and Referral to acquire resources and help for basic living items, food and other services; Valley Health (the local primary care center) for health and dental care; Goodwill Industries for vocational training; and, the West Virginia Division of Rehabilitation Services

(DRS) to assist in qualifying for employment, as well as other basic services; and, Marshall University Medical Outreach, which provides basic medical care to homeless individuals.

Pretera has a multitude of internal resources to assist consumers. These included Safe Quarters (a transitional housing unit), community-focused treatment, long-term rehabilitative services, employment mentoring, transportation, and social and recreational opportunities. The Housing First program offers support services specifically for individuals who have experienced homelessness.

There is also an outpatient detoxification facility for men age 18 and over which is designed to address addiction issues with individuals who do not meet the criteria for inpatient and residential treatment. PARC Residential is a 24-bed, short-term residential substance abuse program serving men and women, which addresses the needs of people with co-occurring disorders

Recovery Point (formerly The Healing Place of Huntington) is also a recovery based resource for individuals served by PATH.

Through a partnership with the Division of Rehabilitation Services Pretera Center also offers supported employment services in three counties in West Virginia (Cabell, Kanawha, and Boone), as well as Ashland, Kentucky through a NISH contract. Improving job related skills and provision of job coaches allow clients to successfully be employed. These services span two CoCs.

In the KVC (Kanawha Valley Collective) catchment area partnerships include Covenant House, which provides emergency utility, clothing and food assistance as well as Homeless Prevention and Rapid Rehousing Assistance; Health Right which provides primary health care; Charleston Kanawha Housing Authority West Virginia DRS; Religious Coalition for Community Renewal; Rea of Hope Fellowship Home; the KVC's Supportive Services Only team and Madison Baptist Food Pantry.

Both PATH ES staff will work closely with area VA providers. In Huntington, there is a Veterans Resource Center on 9th Street. In Charleston, there is a VA Service Center operated by Roark-Sullivan Lifeway Center. Both of these have programs that PATH ES staff can refer clients to, as well as a program that has referred clients to the PATH program.

Service Provision

Pretera's PATH program provides 100% outreach and case management services to those who were initially contacted through outreach services. We are an outreach program. Our offices are community based, not located in any Pretera facility.

According to the Point-In-Time survey, which was completed during the last week of January 2015, there are approximately 550 unduplicated homeless individuals in the geographic area served by Pretera Center's PATH program. (PATH data has not been finalized in each area, so this could go up or down slightly.) While the number one goal of each CoC in the state, the overwhelming need continues to be to provide permanent housing and necessary support to help people remain in housing and fully integrated in the community. Despite the CoCs best efforts the need for permanent housing continues to

grow faster than the creation of permanent housing. One critical gap is community outreach to people experiencing homelessness, which is being filled by these PATH-funded positions.

As described above, detoxification services are available for men and women, as well as outpatient, crisis stabilization, and both short term and long-term residential treatment. Crisis stabilization services, which can also provide detox, are available in Huntington, Charleston and Logan. Short-term residential substance abuse programs are available in both Huntington and Charleston. Two long-term residential addictions treatment programs (Renaissance in Huntington and Mattie V. Lee in Charleston) have successfully treated women with children for addiction-related disorders.

Pretera also has a program, called Laurelwood (Huntington and Charleston), which provides a transitional living environment for eight men 18 years and older who have co-occurring disorders. The average length of stay is six-months to one-year. Residents participate in clinical treatment services through Pretera's outpatient program, Peer Recovery Network, and they each have a case manager assigned who assists them in coordinating their treatment schedule to include therapeutic interventions, 12-step support meetings, and vocational training and/or placement. Several residents of this program are employed in the community but continue their recovery program in a supportive environment. An adult substance abuse outpatient program provides a low-intensity and intensive services to adults experiencing substance abuse/dependency problems. Technology assisted recovery services are available in the Huntington area through the use of OneHealth, which is a web-based application that allows persons in recovery to have immediate access to recovery coaches. This technology will be expanded to the Charleston area. Pretera currently has 37 single room occupancy apartments for men and women who are homeless and in recovery. These are permanent housing opportunities. Pretera also offers comprehensive mental health and substance abuse services in an eight county region. These services include:

Outpatient services for counseling and psychiatric care for clients of all ages

Partial Hospitalization programs

Assertive Community Treatment

Community Focused Treatment

24-hour a day crisis services

Recovery Engagement Center (former PI Shelter) in Charleston

DUI education classes

Crisis Residential/Stabilization Units

Peer Specialists for persons with mental health issues

Recovery Coaches for persons with addictions

Group Residential facilities for persons with severe and persistent mental illness and forensic clients

Residential placements for persons with co-existing mental illness and intellectual/developmental disabilities

Community Engagement Specialists in all counties that Prestera serves

Current staff involved with the PATH program have received training in Motivational Interviewing, WRAP, Cultural Diversity, and Trauma Informed Care. These trainings have been paid for in different ways depending on the program and available funding sources. All but WRAP are required as part of Prestera's new employee orientation. Additional training is provided either through Prestera, or other entities as needed and available. The staff take advantage of Technical Assistance opportunities on a regular basis either through Prestera or as offered by the Statewide PATH Coordinator.

Data

For the past 4 years 100% of PATH data has been entered and all PATH reports have been created by HMIS. PATH ES staff will continue to be involved in the HMIS committees in their area. As new staff are hired, they will receive one on one or small group training from an HMIS staff in either Huntington or Charleston (based on staff availability). The administrators of the HMIS grant in the CHWCoC, the Huntington Housing Authority, have supplied the laptop used by the PATH ES in Cabell and Wayne Counties. The administrator of the Balance of State HMIS grant, the WV Coalition to End Homelessness, has provided the laptop for the PATH ES in Mason, Putnam Lincoln and Boone Counties.

SSI/SSDI Outreach, Access, Recovery (SOAR)

The Director of Homeless Programs is SOAR trained. Our former PATH Engagement Specialist was trained in SOAR. Currently, one PATH ES has been trained in SOAR and is waiting on certification. The second PATH ES will be trained in SOAR, but there has not been another training opportunity since he was hired. The second PATH ES will participate in the online SOAR training if there are no trainings with the State SOAR team lead. (West Virginia Coalition to End Homelessness) There were 3 consumers assisted by the PATH ES in the SOAR process in FY 2014

Housing

There are a variety of housing opportunities available to PATH consumers; they are eligible for the Shelter plus Care programs, which at this time have over 250 vouchers for people experiencing homelessness, and Harmony House has total of 70 units slotted just for people experiencing homelessness. Covenant House has 38 vouchers available to rent units and the ESG program offers assistance with security deposits, rent, and utilities. All PATH served areas have access to HUD VASH

vouchers, that assist veterans with obtaining permanent housing. Pretera Center has been awarded funding for 8 units of housing that is currently under development. The engagement specialist has been educated about other available housing in the area and works closely with Pretera's other homeless program, Housing First, which supplies community based supports for individuals and families who have experienced chronic homelessness. The Housing First program helps former PATH clients maintain their housing, so they do not return to homelessness.

Staff Information

The 2 PATH Engagement Specialists are both natives of WV. They really parallel our program demographics, as have a male and female ES and they are both between 32 and 42. Training on cultural competence is received upon hire and then at least annually. Participation in PATH provided training on cultural competence is also attended. Issues such as age, gender, disability, race, ethnicity, and sexual orientation are discussed as identified either in staff meetings or in Housing First meetings and these issues are identified as influencing client care.

Client Information

Pretera's PATH Program has provided outreach to 208 individuals this year to date (October 1 2014 – April 10, 2015). The individuals mostly were Caucasian males that fell in the age range of 24-50. Most of the individuals were literally homeless (87%), living in the shelter or on the streets at the beginning of services. 56% report having a co-occurring substance abuse disorder.

Projected # of adult clients to be contacted: 450

Projected # of adult clients to be enrolled: 300

% of adult clients to be literally homeless: 87%

Gender/Age/Race of PATH Clients

Gender	Year to Date
Male	118
Female	90
Age	Year to Date
18 to 23	20
24 to 30	44

31 to 50	82
51 to 60	55
60 and over	7
Race	Year to Date
Caucasian	176
African-American	32
American Indian/Alaskan	0
Asian	0
Multi-Racial	0
Other	0
Veterans	Year to Date
Veterans	24

Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See **Appendix I** “Guidelines for Consumer and Family Participation”.

4 of the 8 individuals employed by Pretera’s PATH and Housing First programs are formerly PATH eligible individuals. Additionally, former PATH recipients are employed by or volunteer at partner agencies and are present when current PATH services are discussed or planned.

Budget Narrative

See WebbGas Attachment

4. Raleigh County Community Action Association

111 Willow Lane

Beckley, WV 25801

Contact: Bobbi Thomas-Bailey

Contact Phone #: 3042526396

Has Sub-IUPs: No

Provider Type: Shelter or other temporary housing resource

PDX ID: WV-002

State Provider ID:

Geographical Area Served: Region 6

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 42,308	\$ 3,421	\$ 45,729	
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Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 15,150	1.00	\$ 15,150	\$ 0	\$ 15,150	counselor
Other (Describe in Comments)	\$ 14,172	1.00	\$ 14,172	\$ 0	\$ 14,172	Director
Other (Describe in Comments)	\$ 12,986	1.00	\$ 12,986	\$ 0	\$ 12,986	case manager
Other (Describe in Comments)	\$ 3,421	0.00	\$ 0	\$ 3,421	\$ 3,421	Intake worker

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	18.85 %	\$ 8,622	\$ 13,556	\$ 22,178	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0	\$ 0	\$ 0	
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No Data Available

d. Equipment	\$ 0	\$ 0	\$ 0	
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No Data Available

e. Supplies	\$ 0	\$ 0	\$ 0	
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No Data Available

f. Contractual	\$ 0	\$ 0	\$ 0	
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No Data Available

g. Construction (non-allowable)

h. Other	\$ 0	\$ 0	\$ 0	
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No Data Available

i. Total Direct Charges (Sum of a-h)	\$ 50,930	\$ 16,977	\$ 67,907	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0	
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k. Grand Total (Sum of i and j)	\$ 50,930	\$ 16,977	\$ 67,907	
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Source(s) of Match Dollars for State Funds:

FMRS-\$16,977

Estimated Number of Persons to be Contacted: 400 Estimated Number of Persons to be Enrolled: 360

Estimated Number of Persons to be Contacted who are Literally Homeless: 360

Number Staff trained in SOAR in Grant year ended in 2014: 1 Number of PATH-funded consumers assisted through SOAR: 0

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: Raleigh County Community Action Association, Inc.

BUDGET PERIOD ENDING: 30-Jun-16

ORIGINAL ☒

REVISION ☐

REVISION # ☐

ASSIGNED PROGRAM NAME: Projects for Assistance in Transition from Homelessness (PATH) DATE 4/27/2015
STATE ASSIGNED ACCOUNT NUMBER: _____
CURRENT YEAR ALLOCATION: \$50,930

*DIRECT COSTS		BHHF Funds	**OTHER Funds	TOTAL
A. PERSONNEL (DESCRIBE POSITIONS)				
1. M. Milam - Case Manager Aide 1 FTE		\$12,986		\$12,986
2. L. Buckland - PATH Counselor 1 FTE		\$15,150		\$15,150
3. B. Meador - Program Director .49 FTE		\$14,172		\$14,172
4. Intake Workers			\$3,421	\$3,421
5. _____				\$0
Category Subtotal:		\$42,308	\$3,421	\$45,729
B. FRINGE BENEFITS				
1. Pension		\$1,692		\$1,692
2. Health Insurance		\$1,226	\$13,556	\$14,782
3. FICA		\$3,237		\$3,237
4. Unemployment Insurance		\$1,227		\$1,227
5. Workers Compensation		\$1,240		\$1,240
6. _____				\$0
Category Subtotal:		\$8,622	\$13,556	\$22,178
C. Equipment (Describe):				
1. _____				\$0
2. _____				\$0
3. _____				\$0
Category Subtotal:		\$0	\$0	\$0
D. SUPPLIES				
1. DIRECT OFFICE SUPPLIES				\$0
2. GENERAL PROGRAM SUPPLIES				\$0
3. HOUSEKEEPING SUPPLIES				\$0
4. _____				\$0
5. _____				\$0
6. _____				\$0
Category Subtotal:		\$0	\$0	\$0
E. CONTRACTED SERVICES (DESCRIBE):				
1. _____				\$0
2. _____				\$0
3. _____				\$0
Category Subtotal:		\$0	\$0	\$0
F. CONSTRUCTION (Special Permission)				\$0
G. OTHER				
1. DIRECT STAFF TRAVEL				\$0
2. RENT				\$0
3. DEPRECIATION				\$0
4. REPAIRS & MAINTENANCE (vehicle)				\$0
5. REPAIRS & MAINTENANCE (facility)				\$0
6. REPAIRS & MAINTENANCE (Equipment)				\$0
7. INSURANCE (property, liability, etc.)				\$0
8. UTILITIES				\$0
9. PHONE				\$0
10. HOUSEKEEPING SERVICES				\$0
11. TRAINING - STAFF				\$0
12. _____				\$0
13. _____				\$0
Category Subtotal:		\$0	\$0	\$0
TOTAL DIRECT COSTS (SUM OF A - G)		\$50,930	\$16,977	\$67,907

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

	BHHF Funds	OTHER Funds	TOTAL
1. TOTAL DIRECT COSTS (From Prior Page)	\$50,930	\$16,977	\$67,907
2. *** BHHF INDIRECT COST BASE AMOUNT	\$50,930		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	(\$16,977)	(\$16,977)
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$50,930		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$0	
7. ANTICIPATED PROGRAM INCOME EARNED		\$0	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			\$50,930

BRIEF PROJECT DESCRIPTION:

To provide homeless individuals with co-occurring disorders or serious mental illness with shelter, food, and services.

FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)

Match Funding - Contract Income thru FMRS = \$16,977

NOTES:

*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

**Any anticipated amounts of program income should be included in the budget for Other Funds.

*** BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

****In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

***** Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: _____

DATE 4/27/2015

Telephone Number: _____

BHHF USE ONLY

DIVISION DIRECTOR APPROVAL _____

DATE _____

DEPUTY COMMISSIONER APPROVAL _____

DATE _____

Raleigh County Community Action Association Inc., (RCCAA)

Local Provider Description

Name: Raleigh County Community Action Association Inc, (RCCAA)

Type of Organization: 501(C) 3 Nonprofit

Region Served: Region 6

Amount of Federal PATH Funds Received: \$50,930

Collaboration with HUD Continuum of Care Program

RCCAA actively participates in the Balance of State Continuum of Care coordination and planning activities through its membership on the West Virginia Coalition to End Homelessness.

RCCAA has a collaborative agreement with the local Veterans Hospital and the local Veterans Affairs Office. PATH clients who are veterans receive immediate consideration and admission into the RCCAA PATH program. With one phone call the homeless veteran is transported to the shelter and receives immediate shelter, referral to the housing program, and supportive services. RCCAA coordinates the veteran's treatment and discharge plans with the Veterans Hospital and Veterans Affairs Office. RCCAA's PATH program is committed to the success of the 2016 Ending Chronic Homelessness campaign.

RCCAA's PATH program has also developed linkages for engaging the PATH client in Primary Health Care services. RCCAA has developed a collaborative relationship with the following health care providers: Access Health Clinic, Helping Hands Clinic, Heath Right (the regional free clinic), FMRS SHARE Program, Veterans Medical Center, Raleigh General Hospital and Beckley Appalachian Regional Hospital.

Collaboration with Local Community Organizations

RCCAA's PATH Program demonstrates that collaborative efforts are one of the keys to closing the gaps in services for the PATH client. RCCAA's PATH Program has developed a program known as Access Community Treatment (ACT). This program focuses on the continuity of care through collaborative partnerships with community providers.

The ACT program is a structured referral program for the PATH client specific to admission, treatment, and discharge planning. RCCAA's PATH Program maintains collaborative partnerships with the following agencies, hospitals, and community based support services:

Primary Health Services:

- Access Health
- Veterans Administration Hospital
- Beckley Appalachian Regional Hospital
- Raleigh General Hospital
- Princeton Hospital

Mental Health/Substance Abuse Services:

- FMRS Mental Health Systems
- FMRS Mental Health Systems
- FMRS Crisis Unit
- FMRS LEARN Program
- FMRS MOTHER Program
- Mildred Bateman Hospital
- Sharpe Hospital
- Beckley Fellowship Home
- Veterans Administration Hospital
- Beckley Appalachian Regional Hospital
- Chestnut Ridge Hospital

Housing Services:

- Raleigh County Community Action Association Housing Services
- Raleigh County Housing Authority
- Beckley Housing Authority

Employment Services:

- Workforce West Virginia

Linkages are developed for accessibility and coordination with the above mentioned agencies and support programs as identified in the client's service plan. Every PATH client is scheduled to see a primary care physician and mental health professional within seven days of entering the program. Clients are provided education on their medications and medication use is monitored by the staff at Pine Haven Center. Pine Haven also provides transportation to support services within the community.

Service Provision

RCCAA conducts outreach through other organizations such as the Department of Health and Human Resources, local police departments, state hospitals, and other service providers who refer homeless PATH clients. When a referral is received the PATH Coordinator travels to the potential client's location to conduct a face to face interview to determine eligibility. If the client is determined to be eligible for services, arrangements are made for them to travel to Pine Haven Center.

In addition, the PATH Coordinator periodically visits areas where homeless individuals are known to visit to locate potential PATH clients. The coordinator provides potential clients with information on services available to them at Pine Haven Center. RCCAA plans to increase the frequency of its street outreach efforts in the coming year.

The need for outreach, case management, and affordable housing is critical in this area. In southeastern West Virginia homeless individuals with serious mental illness and/or co-existing disorders are known to live in camp sites, in cars, and with family or friends. Some of the homeless populations flood the emergency rooms with the intent to enter local hospitals because they have nowhere else to go. When the acute need is satisfied, the homeless client is discharged from the mental health facilities and hospitals with little or no medication, no case manager, no support system, and no linkages to support services.

RCCAA's evidence based outcome demonstrates that one of the most critical aspects of ending homelessness for the client who suffers from a serious mental illness or co-existing disorders is the first point of contact. A traditional gap in service occurs when the PATH client is discharged from a mental health facility, psychiatric hospital or is unable to maintain stability with family or friends. The prospective PATH client will need a continuum of care and a seamless entry into emergency or transitional living. RCCAA's PATH Program closes this gap with its Critical Time Intervention (CTI) program. The PATH CTI program focuses on accessibility of services and immediate engagement of the client. RCCAA's PATH coordinator has offices inside the homeless shelter providing immediate and continual access to the PATH client.

RCCAA provides the following services to all PATH clients:

- Motivational Interviewing
- Facilitated referrals for mental health and/or substance abuse treatment, primary health services, job training, educational services, housing services and monitoring of the clients utilization of these services
- Physical Health Promotion – Access to Community Treatment (ACT) program
- Assessment/Screening services - Clients are screened for mental health and co-existing disorders.
- Service Planning – Clients are assisted to create a service plan/case plan
- Advocacy
- Skill building – Clients learn social and daily living skills
- Case Management
- Continuing Care
- Transportation to appropriate referral services
- Recreational Services – Monthly group activities
- Monitoring and education of his/her medication
- Problem ID & Referral

RCCAA has previously utilized DBA FacsPro as its HMIS system. On April 1, 2013, RCCAA transitioned to Service Point as its HMIS solution. Service Point is a HUD

compliant HMIS System with a section dedicated to PATH built in that has been adopted state-wide by all 7 PATH Providers. RCCAA is currently utilizing Service Point to capture all PATH required data and is in compliance with HMIS requirements. RCCAA continues to utilize DBA FacsPro to capture client outcomes for PATH clients as well as to report through the PATH Data Exchange. (PDX)

Employees receive initial training as well as periodic updates to ensure data is being recorded properly. Numerous professional development opportunities are made available to staff throughout the year, such as trainings sponsored by the West Virginia Coalition to End Homelessness who is the lead agency for the Balance of State Continuum of Care of which RCCAA is a member agency. Some of these Trainings, continuing education, and professional development opportunities are paid for by the agency. The individuals responsible for ensuring that HMIS data is being entered also attend monthly administrator meetings.

RCCAA's PATH Program has initiated ROMA outcome studies with desirable objectives. These outcomes have incorporated a balanced set of key performance indicators, which require behavioral changes by the PATH client. The following domains have been developed and are tracked:

- Low income people become more self-sufficient. The number of individuals that increase/maintain physical/behavioral health is tracked.
- Low income people own a stake in their community. The number of clients participating in community advocacy/volunteer activities is tracked.
- The conditions in which low-income people live are improved. The number of clients acquiring/maintaining employment and the number of clients accessing transportation is tracked. The increase in access to community services and the number of clients who achieve suitable housing is tracked. The number of clients who receive entitlements and the number of clients who increase or maintain their financial status is tracked.

Data

RCCAA has previously utilized DBA FacsPro as its HMIS system. On April 1, 2013, RCCAA transitioned to Service Point as its HMIS solution. Service Point is a HUD compliant HMIS System with a section dedicated to PATH built in that has been adopted state-wide by all 7 PATH Providers. RCCAA is currently utilizing Service Point to capture all PATH required data and is in compliance with HMIS requirements. RCCAA continues to utilize DBA FacsPro to capture client outcomes for PATH clients as well as to report through the PATH Data Exchange. (PDX)

Employees receive initial training as well as periodic updates to ensure data is being recorded properly. Numerous professional development opportunities are made available to staff throughout the year. Trainings, continuing education, and professional development opportunities are paid for by the agency. The individuals responsible for ensuring that HMIS data is being entered also attend monthly administrator meetings.

RCCAA utilizes Service Point as its assessment and service planning tool. Service Point provides access to 2 assessments for determining level of homelessness and programs the client is eligible for. Service Point also contains a PATH specific assessment.

- . In addition to client assessments, Service Point is used to create service plans for clients in the PATH program.

Clinical services are not provided by RCCAA.

SSI/SSDI Outreach, Access, Recovery, (SOAR)

RCCAA currently has one SOAR trained staff. It is our intention to train 2 additional PATH staff in SOAR, in 2015. In addition 1 RCCAA Permanent Housing Specialist staff person will be trained in SOAR since many of her clientele consist of PATH consumers. There have been no PATH funded consumers assisted through SOAR at this time.

Housing

RCCAA's Pine Haven Center provides a safe, highly structured emergency/transitional living environment for the PATH client. Following the completion of the transitional living program, the PATH client is transitioned to long-term independent or supportive living. RCCAA's Case Managers work with the client to complete necessary paperwork and advocate for the PATH client for housing placement. In addition, the Director of Homeless Services and the PATH Coordinator coordinate all treatment modalities and work with the PATH client to ensure an appropriate housing placement.

RCCAA PATH clients are also eligible for assistance from RCCAA's Emergency Solutions Grant program. This program focuses on re-housing eligible individuals and helping them maintain housing stability through housing searches, case management services, security deposit assistance, utility deposit assistance, and rental assistance.

RCCAA also operates a Permanent Supportive Housing program. The eligible PATH clients are referred to the Housing Program for assessment and possible placement. The PSH program assists chronically homeless individuals with a diagnosed disability in the transition

to permanent housing. The PSH program covers the cost of maintaining the homes and provides ongoing case management to residents of those homes.

RCCAA has implemented a leasing program with 10 units that is available to eligible PATH clients.

RCCAA's Supportive Services for Veteran Families (SSVF) program provides assistance to low-income Veterans and their families with a range of supportive services designed to promote housing stability and prevent homelessness in our Veteran population.

Staff Information

Staff serving PATH clients are 25% male and 75% female; 73% Caucasian and 26% African American and 1% Multi-Racial; 27% have less than 1 year experience, 32% have 1-5 years' experience, 14% have 5-10 years' experience, and 27% have more than 10 years' experience.

RCCAA requires all of its employees to follow a standard policy for equal opportunity. In addition to bi-weekly in-service staff training programs, specific to the PATH client, employees are provided periodic in service training on sensitivity, harassment, etc.

RCCAA's PATH program continues to develop the cultural competence of its staff through conferences, workshops, and webinars such as the WV CAP Conference, Disabilities Forums, NASW Substance Abuse Conferences, and SAMHSA trainings.

Client Information

In the first three quarters of the 2014-2015 grant period, RCCAA's PATH clients were as follows:

172 males and 109 females
4 between the ages of 18-20, 276 between the ages of 21-64, and 1 client 65+
259 Caucasian, 22 African American, 0 American Indian, 0 Multi-Racial

Projected # of adult clients to be contacted: 400

Projected # of adult clients to be enrolled: 360

% of adult clients to be literally homeless: 90%

RCCAA's PATH Program will focus on providing intensive services to PATH clients and therefore is projected to contact approximately 400 individuals and enroll approximately 360 PATH clients. RCCAA projects that 90% of PATH clients served will be literally homeless.

Consumer Involvement

RCCAA has developed a Client Advisory Council comprised of one representative from each unit at Pine Haven Center. Clients are urged to discuss any concerns or suggestions for the program with their unit's representative. Unit representatives meet at least monthly with program staff to identify unmet needs, discuss program effectiveness, and make suggestions for program improvement. RCCAA utilizes consumer feedback when developing new projects and services and when evaluating the effectiveness of current services.

In addition, Client Satisfaction Surveys are conducted quarterly to determine the effectiveness of the program

Budget Narrative

See WebbGas Attachment

5. Roark Sullivan Lifeway Center

505 Leon Sullivan Way

Charleston, WV 25301

Contact: Alex Alston

Contact Phone #: 3044140109

Has Sub-IUPs: No

Provider Type: Shelter or other temporary housing resource

PDX ID: WV-010

State Provider ID:

Geographical Area Served: Region 5

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments		
a. Personnel	\$ 33,936	\$ 9,452	\$ 43,388			
Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 15,000	1.00	\$ 15,000	\$ 0	\$ 15,000	specialist
Other (Describe in Comments)	\$ 10,486	1.00	\$ 10,486	\$ 5,202	\$ 15,688	specialist
Other (Describe in Comments)	\$ 5,100	1.00	\$ 5,100	\$ 0	\$ 5,100	supervisor
Other (Describe in Comments)	\$ 3,350	1.00	\$ 3,350	\$ 4,250	\$ 7,600	support staff
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
b. Fringe Benefits	21.71 %	\$ 9,419	\$ 0	\$ 9,419		
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments		
c. Travel	\$ 0	\$ 0	\$ 0			
No Data Available						
d. Equipment	\$ 0	\$ 0	\$ 0			
No Data Available						
e. Supplies	\$ 0	\$ 5,500	\$ 5,500			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Office: Supplies	\$ 0	\$ 5,500	\$ 5,500			
f. Contractual	\$ 1,500	\$ 0	\$ 1,500			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Other (Describe in Comments)	\$ 1,500	\$ 0	\$ 1,500	Training		
g. Construction (non-allowable)						
h. Other	\$ 0	\$ 0	\$ 0			
No Data Available						
i. Total Direct Charges (Sum of a-h)	\$ 44,855	\$ 14,952	\$ 59,807			
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0			
k. Grand Total (Sum of i and j)	\$ 44,855	\$ 14,952	\$ 59,807			

Source(s) of Match Dollars for State Funds:

In-kind, state, local

Estimated Number of Persons to be Contacted:

250 Estimated Number of Persons to be Enrolled:

200

Estimated Number of Persons to be Contacted who are Literally Homeless:

200

Number Staff trained in SOAR in Grant year ended in 2014:

2 Number of PATH-funded consumers assisted through SOAR:

3

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: Roark-Sullivan Lifeway Center, Inc

BUDGET PERIOD ENDING: 6/30/2016

ORIGINAL ☒

REVISION ☐

REVISION # ☐

ASSIGNED PROGRAM NAME: RSLC PATH Program

DATE 4/28/2015

STATE ASSIGNED ACCOUNT NUMBER: _____

CURRENT YEAR ALLOCATION: \$44,855

***DIRECT COSTS**

	BHHF Funds	**OTHER Funds	TOTAL
A. PERSONNEL (DESCRIBE POSITIONS)			
1. PATH Specialist - YWCA Cheryl Hilliard FTE	\$10,486	\$5,202	\$15,688
2. PATH Specialist - RSLC Terrell Rush FTE	\$15,000		\$15,000
3. Supervisor - Margaret Taylor	\$3,350	\$4,250	\$7,600
4. Admin Support Staff - Rachel Cox	\$5,100		\$5,100
5. _____			\$0
Category Subtotal:	\$33,936	\$9,452	\$43,388
B. FRINGE BENEFITS			
1. Pension	\$2,917		\$2,917
2. Health Insurance			\$0
3. FICA	\$4,290		\$4,290
4. Unemployment Insurance	\$1,117		\$1,117
5. Workers Compensation	\$1,095		\$1,095
6. _____			\$0
Category Subtotal:	\$9,419	\$0	\$9,419
C. Equipment (Describe):			
1. _____			\$0
2. _____			\$0
3. _____			\$0
Category Subtotal:	\$0	\$0	\$0
D. SUPPLIES			
1. DIRECT OFFICE SUPPLIES		\$5,500	\$5,500
2. GENERAL PROGRAM SUPPLIES			\$0
3. HOUSEKEEPING SUPPLIES			\$0
4. _____			\$0
5. _____			\$0
6. _____			\$0
Category Subtotal:	\$0	\$5,500	\$5,500
E. CONTRACTED SERVICES (DESCRIBE):			
1. Clinical Supervision	\$600		\$600
2. Training	\$900		\$900
3. _____			\$0
Category Subtotal:	\$1,500	\$0	\$1,500
F. CONSTRUCTION (Special Permission)			\$0
G. OTHER			
1. DIRECT STAFF TRAVEL			\$0
2. RENT			\$0
3. DEPRECIATION			\$0
4. REPAIRS & MAINTENANCE (vehicle)			\$0
5. REPAIRS & MAINTENANCE (facility)			\$0
6. REPAIRS & MAINTENANCE (Equipment)			\$0
7. INSURANCE (property, liability, etc.)			\$0
8. UTILITIES			\$0
9. PHONE			\$0
10. HOUSEKEEPING SERVICES			\$0
11. _____			\$0
12. _____			\$0
13. _____			\$0
Category Subtotal:	\$0	\$0	\$0
TOTAL DIRECT COSTS (SUM OF A - G)	\$44,855	\$14,952	\$59,807

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

	BHHF Funds	OTHER Funds	TOTAL
1. TOTAL DIRECT COSTS (From Prior Page)	\$44,855	\$14,952	\$59,807
2. *** BHHF INDIRECT COST BASE AMOUNT	\$44,855		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$44,855		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$14,952	
7. ANTICIPATED PROGRAM INCOME EARNED		\$14,952	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			\$59,807

BRIEF PROJECT DESCRIPTION:

FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)

NOTES:

*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

**Any anticipated amounts of program income should be included in the budget for Other Funds.

*** BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

****In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

***** Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: Alex Alston

DATE 4/28/2015

Telephone Number: 304-414-0109 ext 17

BHHF USE ONLY

DIVISION DIRECTOR APPROVAL _____

DATE _____

DEPUTY COMMISSIONER APPROVAL _____

DATE _____

Roark Sullivan Lifeway Center, Inc.

Local Provider Description

Name: Roark-Sullivan Lifeway Center, Inc

Type of Organization: Shelter or other temporary housing resource

Region Served: Region 5

Amount of Federal PATH Funds Received: \$44,855

Collaboration with HUD Continuum of Care Program – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

All of the partners in this grant application participate in the Kanawha Valley Collective, the local CoC. RSLC, the YWCA, and Pretera all have staff members who sit on the Board of the KVC and participate in many of the committees established by the KVC. Committees include the Project Resource Committee, the Housing Committee, and the HMIS Committee. Each agency has a long history of participation with the KVC, with RSLC and the YWCA participating since inception.

The RSLC and YWCA are also very active with leadership maintaining membership in the KVC and WVCEH. Both RSLC and YWCA staff either currently sit on the WVCEH Board of Directors or have filled an officer seat within the last 2 years. By being active on the state level, it allows for better community and state planning and coordination of services.

Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

RSLC believes that in order to provide quality services to any individual in need that it takes the coordination and collaboration of the entire provider community to close the gap in being able to assist individuals as they move to self-sufficiency. This philosophy is very evident in our PATH Program.

The primary collaboration is with Pretera Center allowing for individuals enrolling in PATH services to access needed psychiatric, counseling or treatment services. Individuals are referred by a PATH Coordinator. Pretera Center will provide clinical supervision of both PATH coordinators to ensure that quality services are being provided. A seamless referral process has been adopted to provide a multitude of services to yield high results for people served.

In addition to Prestera Center, other agencies providing services to PATH clients include Covenant House, Women's Health Care Center, Jericho House, Heart and Hand, local churches, Family Counseling Connection, Pastoral Counseling Services, Thomas Memorial Hospital, Charleston General Hospital, St. Francis Hospital, Highland Hospital, WV Department Of Health and Human Resources, Kanawha Regional Transport, Legal Aid, Sharpe Hospital, Mildred-Mitchell Bateman Hospital, Charleston-Kanawha Housing Authority, ResCare, Union Mission, Manna Meal, Salvation Army, Goodwill, Samaritan Inn, Health Right, Kanawha Valley Fellowship Home, Resolve Family Abuse Program, and the local Veterans Area Medical Center and clinics. All of these agencies are accessed through an extensive referral process. PATH clients are referred to other agencies as appropriate to the needs of the client.

Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

The PATH program as operated by RSLC and YWCA provides targeted outreach through participation in regular street rounds and through location of the PATH Specialists. RSLC's PATH Specialist works in a men's emergency shelter, a local soup kitchen, and a HUD funded safe haven for those who meet HUD's definition of chronic homelessness. This arrangement allows for greater outreach to occur while also offering space for case management services. The YWCA PATH Specialist is located at a local women and families emergency shelter. She is able to perform outreach through coordinated efforts and is able to provide strong case management services.

- Describe any gaps that exist in the current service systems.
- Proposed HUD and local consolidated plans indicate that there is a lack of decent, affordable housing stock available. While there may be many units, there are fewer that those we serve can access. Issues such as: not being able to pass inspection and excessive rent only complicates the issue if someone is living on a fixed income or the need to be in a supported permanent housing program.

There is a clear need in our community for adequate housing and supports for individuals in need of assistance in the community. There are very few agencies that provide follow up care in the community. There are many clients we serve, PATH clients included, that could be very successful in the community if more community support services were available. These services have been strengthened the past two years with the creation of our Independent Care Coordination and Aftercare/Transitional programming. Community living is the ultimate goal

for all clients; however, it is further complicated when individuals are not able to access safe, decent affordable housing or housing with supportive services.

It was noted in the City of Charleston's FY2010-2014 Consolidated Plan that the Charleston-Kanawha Housing Authority administers 2,900 Section 8 Housing Choice Vouchers in the City of Charleston and in Kanawha County. As of February 2014, there were over 2,000 families on the waiting list for Section 8 vouchers, and the waiting list was not open. This is a huge concern for this area. Many PATH clients will have a fixed income that will require access to income based housing.

- Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

The RSLC and YWCA are agencies with established expertise in working with individuals experiencing homelessness. It is understood that this population has special needs that must be considered when developing and providing services. Approximately 75% of those that we serve have a serious mental illness and/or substance use disorder. The RSLC and YWCA offer a holistic approach incorporating supports geared toward recovery and ongoing well being to all individuals entering the shelters in need of services. The supports in place have been developed based on the needs of clients who are dually diagnosed as well as those individuals who are medically fragile or live with disabilities. In addition, Pretera Center has an established history of offering services to this population which serves to enhance and support the long-term care needs of the individuals served by this project.

The special needs of clients will be met by, or as a result of, trained/competent direct care staff on the site at all shelter locations. The RSLC and YWCA recruit and adequately train and monitor staff that work at each of the locations. Staff must be committed to working with this population and are offered ongoing staff development opportunities to increase the level of understanding of issues common to individuals served. A comprehensive set of guidelines geared toward the needs of this population is in place and will continually be revised and updated. Guidelines include medication policy; crisis intervention policy, and suicide policy.

The PATH project has a focus on personal responsibility and accountability. Upon admission to any RSLC or YWCA program, each client is assigned a Case Manager. The client is interviewed and service needs are determined. A service plan is developed that outlines basic goals and objectives. For example, a client's service plan might focus on income/employment, housing, medical needs, entitlements and/or education/training needs. Through the ability to access a PATH Coordinator, the client is referred to the Coordinator for assessment of psychosocial functioning, substance abuse/chemical dependency and dual diagnosis. While the Case Manager works on those objectives established on the service plan, the PATH Coordinator establishes and works on a Treatment Plan with the client. As the service plan objectives and the Treatment Plan objectives operate concurrently, treatment is comprehensive for/with the client.

The PATH Project utilizes the bio-psycho-social treatment model for dual disorders or clients with serious mental illness. This model isolates physical, psychological and social symptoms related to chemical dependency and/or mental illness personality disorders. The program's goal is to reduce the client's symptoms, to aid the client's development of new coping skills, to increase the clients independent functioning and to increase the client's personal responsibility for their behavior.

Presteria is an integral programming component for individuals entering this program as clients are readily referred to address issues that our program cannot. Presteria also works collaboratively with this program to assist individuals that may be in need of in-patient or extensive outpatient services. For the PATH client who is exhibiting elevated psychiatric symptoms that might require a more intense level of treatment, the client may also be referred to Presteria's Crisis Response Unit.

RSLC maintains a close working relationship with the local VAMC and currently provides office space to 4 VAMC staff that provide services to homeless Veterans. This relationship has assisted the access to VA services for Veterans involved in the PATH program.

- Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

RSLC supports the use of evidenced based practices whenever possible. We have received trainings on CTI and trauma informed care. We feel the addition of these practices would greatly strengthen our services. Both RSLC and YWCA utilize Peer Specialists and provide referrals to WRAP groups as an example of our use of evidenced based practices.

Trainings for PATH staff are provided on a regular basis by both agencies and by Presteria twice a year. Trainings are typically focused on cultural competency and diversity along with signs and symptoms of mental illness. All RSLC trainings are open to all PATH funded staff.

Currently, program staff enter information directly into the local HMIS. Staff are trained by the CoC's HMIS Specialist on data entry and reporting. PATH program staff take part in regular trainings and specific trainings if data deficiencies are noted.

Data – Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers support new staff.

Both RSLC and YWCA participate in the local HMIS system with several programs. RSLC employs the KVC's HMIS Specialist and have been working diligently with their assistance in

converting all agency programs to HMIS. The PATH program is currently fully utilizing the local HMIS.

Training is provided by the KVC's HMIS Specialist on a regular basis through group user trainings, director trainings, and individual trainings for any noted deficiencies. New staff will be trained by the HMIS Specialist on data entry and reporting. The costs associated with the use of HMIS for this program are covered through the KVC's HMIS grants allowing access for all community programs serving those experiencing homelessness.

SSI/SSDI Outreach, Access, Recovery (SOAR) – Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014) and the number of PATH funded consumers assisted through SOAR.

Both PATH staff in this program have been trained in SOAR (both in 2014). During the past year, 3 clients have been assisted through the SOAR process with 2 successes. The third client is pending in their results.

Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

With PATH funding, increased stabilization through treatment of individuals experiencing homelessness affected by substance abuse and/or mental illness will be coordinated. Without appropriate treatment strategies, this population will continue to face access barriers in looking for permanent housing. In addition, the PATH Coordinators, in conjunction with program-based staff/case managers are diligently working to identify housing opportunities in the community that are safe and affordable for persons served.

There is a strong collaborative relationship with local housing authorities. Additionally, policy changes which enable allowing once again for zero rent in public housing, have improved access to safe and affordable housing. However, there is an extensive wait list for public housing. It was noted in the City of Charleston's FY2010-2014 Consolidated Plan that the Charleston-Kanawha Housing Authority administers 2,900 Section 8 Housing Choice Vouchers in the City of Charleston and in Kanawha County. As of February 2012, there were over 2,000 families on the waiting list for Section 8 vouchers, and the waiting list was still open. This is a huge concern for this area. Many PATH clients have a fixed income that will require income based housing. With such a wait list, it is extremely difficult to move individuals into housing opportunities.

While participating in the Homelessness Prevention and Rapid Re-housing Program (HPRP) RSLC joined the Landlords Association where we are able to make connections with landlords that can assist not only those we serve, but the entire community. Housing is a huge focus for RSLC and we continue to advocate and explore all options that will allow us to enhance the housing stock and promote suitable housing for those served. Also, the RSLC Aftercare Program that has been in existence for many years also maintains an extensive list of landlords that are

willing to work with individuals from our programs. We routinely utilize that source to build relationships for those served in the PATH program.

RSLC has also maintained RRH programs through both SSVF and ESG funds. RRH has been offered when available for those who qualify based on the program guidelines. THE RRH program was available to those with a high score on the local vulnerability index (VI-SPDAT) and the results of this program will be measured against traditional shelter methods via a partnership with WVCEH and WVU.

Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).

Staff members at both homeless programs are diversified in all areas with a good mix of females and males providing services. The typical age range of staff is between 25-40 with a variety of skills and educations.

The collaborating agencies coordinate and offer to all staff training focusing on diversity issues. This training addresses all areas of diversity, with emphasis on age, gender, racial and ethnic differences. In addition to the larger diversity training, a segment on such issues is incorporated into all new employee orientations. Both PATH-funded Coordinators receive clinical supervision monthly through Prester Center with a licensed clinician. Diversity education and awareness is incorporated into this activity. All agencies collaborating on this project have an existing nondiscrimination policy in effect and all staff members are educated with regard to its content and meaning at the time of hire and orientation. Both facilities have staff consisting of many different racial/ethnic backgrounds in order to better understand and serve persons in the most comfortable setting possible.

Every employee of the Roark-Sullivan Lifeway Center receives a copy of the Employee Handbook which addresses many personnel issues including client rights, employee right, and our statement on nondiscrimination. RSLC does not discriminate against employees or residents for any reason including race, color, age, citizenship, religion, creed, sex, national origin, sexual orientation, disability, marital status or political belief.

Each employee of the YWCA of Charleston receives a copy of the Personnel policy/Employee Guideline that outlines the policies as well as procedures that are to be followed. The YWCA of Charleston states that no person shall be discriminated against because of race, color, age, citizenship, religion, creed, sex, national origin, sexual orientation, disability, marital status or political belief. This applies to the staff as well as the people served in any of the YWCA programs.

Both RSLC and the YWCA Sojourner's have on file with the US Department of Housing and Urban Development a Statement of Affirmative Action and a Code of Conduct. These documents insure that both agencies are in compliance with the federal governments standards.

For over two decades the Roark-Sullivan Lifeway Center, Inc. and the YWCA Sojourner's Shelter for Homeless Women and Families have been meeting a vital need within Charleston and the Kanawha Valley. Within the two facilities services are provided to single women, women with children, single men, men with custody of their children and intact families. Between the two programs we serve a large percentage of those experiencing homelessness in the state of West Virginia.

We see and work with people from all walks of life. We provide various trainings throughout the year dealing with diversity to ensure effective delivery of services. We also work with Prester Center for two trainings a year that focus on these areas. We serve rural, urban, transient, educated, mature and youthful populations alike. We will seek to provide translation services if language is a barrier to receiving services. It is our responsibility to embrace all cultures, ethnic groups and religions represented by individuals in need.

We understand cultural differences are not only things that can be seen and labeled, but also intangible ideas and beliefs that permeate every area of a person's being. We try to be mindful of the cultural differences in everyone we serve, and we strive to understand how a person's culture effects their communication, rituals, practices, customs, thoughts, beliefs, ways of interacting, behaviors and relationships.

Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

The client population is indigent men/women with Mental Illness and/or co-occurring disorders that are experiencing homelessness. The typical client is Caucasian between the ages of 35-50; however, both homeless programs are seeing an increasing number of youth (ages 18-21) and elderly persons (ages 65+).

In examining the past few years of data, we expect to screen 250 individuals this year with 200 enrolling into the program. 100% of those served through this program will be experiencing homelessness at the time of program enrollment. Demographically, we expect 50% of those served will be female and 50% to be male. Historically, approximately 80% of those served have been Caucasian with 19% being African-American.

Consumer Involvement – *Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.*

PATH clients are encouraged to give their opinions both verbally and in writing. Historically, participants have not been shy about doing this. PATH clients are always encouraged to be actively involved in their care and treatment planning and have the opportunity to choose, with their PATH Coordinator, the services that best fit their needs. If a participant wishes to have a family member involved, both agencies fully support their participation and input into the treatment plan. The RSLC has 2 individuals that went through our programs and received PATH services that are now employees and have been so for 5+ years. The RSLC also has a former PATH client that was in our programs that is now a RSLC Board Member. This is an important component of programming at all RSLC sites. Client input is critical in the planning and evaluation of every program at both homeless facilities. Many of the programs and rules are a direct result of client input, needs and requests; therefore, we are very much client centered and oriented towards the needs of those we serve.

Budget Narrative

See WebbGas Attachment

P.O. Box 4697

Provider Type: Other housing agency

Bridgeport, WV 26330

PDX ID: WV-018

Contact: Zachary Brown

State Provider ID:

Contact Phone #: 3048429522

Geographical Area Served: Region 4

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments		
a. Personnel	\$ 49,978	\$ 10,579	\$ 60,557			
Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 26,664	0.93	\$ 24,798	\$ 1,866	\$ 26,664	
Outreach worker	\$ 24,572	0.93	\$ 22,852	\$ 1,720	\$ 24,572	
Other (Describe in Comments)	\$ 9,310	0.25	\$ 2,328	\$ 6,993	\$ 9,321	Supervisor
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
b. Fringe Benefits	14.03 %	\$ 8,496	\$ 1,386	\$ 9,882		
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments		
c. Travel	\$ 0	\$ 0	\$ 0			
No Data Available						
d. Equipment	\$ 0	\$ 0	\$ 0			
No Data Available						
e. Supplies	\$ 700	\$ 1,000	\$ 1,700			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Office: Supplies	\$ 700	\$ 1,000	\$ 1,700			
f. Contractual	\$ 0	\$ 21,546	\$ 21,546			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Other (Describe in Comments)	\$ 0	\$ 21,546	\$ 21,546	Direct Client Priority Health Services free of charge		
g. Construction (non-allowable)						
h. Other	\$ 5,463	\$ 9,000	\$ 14,463			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Office: Other (Describe in Comments)	\$ 5,463	\$ 9,000	\$ 14,463	Travel and Phone		
i. Total Direct Charges (Sum of a-h)	\$ 64,637	\$ 43,511	\$ 108,148			
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0			
k. Grand Total (Sum of i and j)	\$ 64,637	\$ 43,511	\$ 108,148			

Source(s) of Match Dollars for State Funds:

Local Health Access \$18,000, in-kind.

Estimated Number of Persons to be Contacted:

75 Estimated Number of Persons to be Enrolled:

40

Estimated Number of Persons to be Contacted who are Literally Homeless:

68

Number Staff trained in SOAR in Grant year ended in 2014:

3 Number of PATH-funded consumers assisted through SOAR:

3



Advocates for Service to Prevent and End Homelessness throughout West Virginia

PO Box 4697
Bridgeport, WV 26330
304.842.9522
www.wvceh.org

WVCEH – PATH Budget Narrative Federal Funds

July 1, 2015 to June 30, 2016 \$64,637

It is estimated that the FEDERAL PATH funds represent approximately 67% of the anticipated overall PATH budget for FY16.

Personnel: Two PATH Outreach personnel will be employed at an annual rate of \$33,000 and \$36,000 respectively. One is employed at a higher rate due to being a WVCEH employee longer and holding another position formerly in the agency. WVCEH has built in a 3% raise for the coming year for both employees. WVCEH will underwrite 5% of the outreach personnel cost via the HMIS grant for HMIS activities. The Outreach and Project Specialist will act as the direct supervisor of these outreach personnel, equaling 6% of her overall time for a total of \$2,355 from federal PATH funds for FY16. **The Personnel category subtotal is \$49,978 from Federal funds for FY16.**

Fringe Benefits: Fringe benefits are provided at the accepted rate of 7.65% for FICA/Medicare, 3% Retirement, and 6.35% Health Insurance, including vision and dental for **a total of \$8,496 based on the current census for FY16 Federal PATH funds.**

Supplies: General office supplies will be provided for each PATH outreach case manager at a rate of \$58.33/month each for **a total of \$700** for the year from FY16 Federal PATH funds.

Other: Both WVCEH PATH outreach personnel will be mobile personnel, and therefore \$1,100 for each has been budgeted for cellular phones and cellular enabled iPads at a rate of \$183/month to allow direct access to HMIS and the referral database while doing Outreach. \$3,263 for staff from FY16 Federal funds will cover mileage of \$0.575/mile at 5,674 miles from federal funds.

The Other category subtotal is \$5,469 for FY16 Federal Funds.

Cost Sharing or Matching: WVCEH uses other federal funds to supplement the PATH dollars received from SAMHSA/BHMF. However, the specific matching dollars will be provided via two main sources. Health Access, a local free clinic which has pledged \$18,000 in non-federal, in-kind health services specifically to PATH clients referred to them in BHMF Region 4. In addition, Monongalia Valley Association of Health Care Centers (MVA) will provide the remaining amount for clients in Region 4 living on the northern end of Harrison County. The estimate of these services is expected to exceed the required remaining \$3,546. Total non DHHR/BHMF match for FY15 is \$21,546 but is expected, by WVCEH, to be substantially more.

Prepared by: 
Amanda Sisson, Assistant Director

5/4/15
Date

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: WV Coalition to End Homelessness

BUDGET PERIOD ENDING: 6/30/2016

ORIGINAL ☒

REVISION ☐

REVISION # ☐

ASSIGNED PROGRAM NAME: Projects to Assist in the Transition from Homelessness

DATE 4/28/2015

STATE ASSIGNED ACCOUNT NUMBER:

CURRENT YEAR ALLOCATION: \$64,637

***DIRECT COSTS**

	BHHF Funds	**OTHER Funds	TOTAL
A. PERSONNEL (DESCRIBE POSITIONS)			
1. Allison Stur, PATH Outreach Worker Region 2 (0.93 FTE)	\$24,798	\$1,866	\$26,664
2. Lauren Frederick, PATH Outreach Worker Region 4 (0.93 FT	\$22,853	\$1,720	\$24,573
3. Jessica Douglas, Outreach Supervisor (0.25 FTE)	\$2,328	\$6,993	\$9,321
4.			\$0
5.			\$0
Category Subtotal:	\$49,978	\$10,579	\$60,557
B. FRINGE BENEFITS			
1. Pension	\$1,500	\$415	\$1,915
2. Health Insurance	\$3,173	\$160	\$3,333
3. FICA	\$3,823	\$811	\$4,634
4. Unemployment Insurance			\$0
5. Workers Compensation			\$0
6.			\$0
Category Subtotal:	\$8,496	\$1,386	\$9,882
C. Equipment (Describe):			
1.			\$0
2.			\$0
3.			\$0
Category Subtotal:	\$0	\$0	\$0
D. SUPPLIES			
1. DIRECT OFFICE SUPPLIES	\$700	\$1,000	\$1,700
2. GENERAL PROGRAM SUPPLIES			\$0
3. HOUSEKEEPING SUPPLIES			\$0
4.			\$0
5.			\$0
6.			\$0
Category Subtotal:	\$700	\$1,000	\$1,700
E. CONTRACTED SERVICES (DESCRIBE):			
1. Direct Client Priority Health Care Services free of Charge		\$21,546	\$21,546
2.			\$0
3.			\$0
Category Subtotal:	\$0	\$21,546	\$21,546
F. CONSTRUCTION (Special Permission)			\$0
G. OTHER			
1. DIRECT STAFF TRAVEL	\$3,263	\$3,500	\$6,763
2. RENT			\$0
3. DEPRECIATION			\$0
4. REPAIRS & MAINTENANCE (vehicle)			\$0
5. REPAIRS & MAINTENANCE (facility)			\$0
6. REPAIRS & MAINTENANCE (Equipment)			\$0
7. INSURANCE (property, liability, etc.)			\$0
8. UTILITIES			\$0
9. PHONE	\$2,200	\$500	\$2,700
10. HOUSEKEEPING SERVICES			\$0
11. Rental and Utility Deposits		\$5,000	\$5,000
12.			\$0
13.			\$0
Category Subtotal:	\$5,463	\$9,000	\$14,463
TOTAL DIRECT COSTS (SUM OF A - G)	\$64,637	\$43,511	\$108,148

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Detail Statement of BHHF - Administered Target Funding**

	BHHF Funds	OTHER Funds	TOTAL
1. TOTAL DIRECT COSTS (From Prior Page)	\$64,637	\$43,511	\$108,148
2. *** BHHF INDIRECT COST BASE AMOUNT	\$64,637		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$64,637		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$43,511	
7. ANTICIPATED PROGRAM INCOME EARNED		\$43,511	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			\$108,148

BRIEF PROJECT DESCRIPTION:

Two PATH Outreach Workers will be tasked with street outreach, with assignment targeted based on need, rotating schedule, and HMIS and agency monitoring of vulnerable persons on the street. PATH outreach workers will not be assigned simply one per WVDHHR Region, but will be equipped to operate completely mobile and cover the entire 21 county area as needed. Staff will be trained in best practices including SAMSHA SSI/SSDI Outreach, Access, and Recovery (SOAR), Assertive Community Treatment (ACT), Progressive Engagement, Homeless Management Information Systems (HMIS), Coordinated Access and Assessment using the VI-SPDAT and HMIS, as well as a housing first philosophy in referring and placing clients, both via Rapid Re-Housing (ESG, SSVF), Permanent Supportive Housing (HUD PSH/VASH), and other modes of Permanent Housing). WVCEH PATH Outreach workers will also be trained in the process for prioritization and housing first, in order to better access current community efforts to prioritize and house the most chronically homeless and vulnerable.

FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)

WVCEH uses other federal funds to supplement the PATH dollars received from SAMHSA/BHHF. However, the specific matching dollars will be provided via two main sources. Health Access, a local free clinic which has pledged \$18,000 in non-federal, in-kind health services specifically to PATH clients referred to them in BHHF Region 4. In addition, Monongalea Valley Association of Health Care Centers (MVA) will provide the remaining amount for clients in Region 4 living on the northern end of Harrison County. The estimate of these services is expected to exceed the required remaining \$3,546. Total non DHHR/BHHF match for FY15 is \$21,546 but is expected, by WVCEH, to be substantially more.

NOTES:

*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

**Any anticipated amounts of program income should be included in the budget for Other Funds.

*** BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

****In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

***** Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: _____ DATE 1/0/1900

Telephone Number: _____

BHHF USE ONLY

DIVISION DIRECTOR APPROVAL _____ DATE _____

DEPUTY COMMISSIONER APPROVAL _____ DATE _____

WV Coalition to End Homelessness

Local Provider Description

Name: West Virginia Coalition to End Homelessness (WVCEH)

Type of Organization: Other Housing Agency

Region Served: Region 2 and 4

Amount of Federal PATH Funds Received: \$64,637

The West Virginia Coalition to End Homelessness (WVCEH) serves several roles in the effort to end homelessness in West Virginia. WVCEH has acted as the statewide advocacy body on issues of homelessness since 2003, has acted as the Lead Agency for the 44 counties of the WV Balance of State Continuum of Care since 2005, the Lead HMIS Agency for the Balance of State Continuum of Care since 2010, the SSI/SSDI Outreach, Access, and Recovery (SOAR) State Lead since 2012, a Project Assistance in Transition from Homelessness (PATH) Outreach Provider for DHHR Regions 2 and 4 and most recently an ESG Outreach worker in the Eastern Panhandle. WVCEH works to build systems of housing and services throughout the state, utilizing best practices to end homelessness such as housing first, data integration and analysis, coordinated assessment and access, collective impact, and street outreach. PATH has been fundamental to the organization in determining systemic issues in the pathway from street to permanent housing, and continues to be a primary component of the Coalition's work to end homelessness in West Virginia.

Collaboration with HUD Continuum of Care Program

WVCEH is the Continuum of Care (CoC) Lead Agency for the 44 counties of the Balance of State Continuum of Care (WV-508) and therefore has integrated PATH into the overall operation of the Continuum as a whole including HMIS, CoC-wide, community, and local planning, as well as coordinated access and SOAR. After much trepidation and thought on the part of WVCEH in the strategic logic of entering the direct service area, the past four months of delivering PATH Street Outreach have been very valuable from the systemic, CoC perspective. The difficulty with which PATH Outreach personnel have been able to guide individuals and families with mental illness or co-occurring mental illness and substance use from street to permanent housing utilizing existing system resources has been frustrating, fragmented, and revealing. Shelters, CoC Programs (Transitional and Permanent Supportive Housing), and local providers of mainstream and other benefits have shown a noted uneven knowledge of existing programs, a lack of understanding of the importance of coordinated assessment procedures, and a lack of competency in meeting in the needs of the most vulnerable population experiencing homelessness, those with mental illness and substance use issues. The system of housing and care exists to quickly house and stabilize the most vulnerable 5-10% of persons experiencing

homelessness who utilize 60% of system resources due to high acuity, and it is becoming apparent that local and community resources are less prepared to achieve this goal given the experiences of PATH personnel at WVCEH to-date. In short, PATH has provided WVCEH with real-time knowledge of the systemic issues that require immediate attention, and helped to inform a tactical and strategic framework to allow the CoC, in light of its responsibility over CoC funding and performance (and Emergency Solutions Grant (ESG) co-monitoring and performance responsibilities) to adjust system resources and policies to meet the prevalent need of high-acuity individuals and families experiencing homelessness.

Collaboration with Local Community Organizations

WVCEH Collaborates with several types of organizations within and outside the WV Balance of State Continuum of Care. Over the past year, WVCEH has worked directly with 24 communities in West Virginia, including 6 local coalitions to end homelessness, 4 health clinics, 5 hospitals, 4 Veterans Administration Medical Centers, 1 state hospital, 10 emergency homeless shelters, 5 community mental health centers, and 6 communities of faith and/or faith-based service delivery providers, and almost 40 ESG or CoC homeless housing and service providers. Collaboration at the community level is one of the most successful strategic initiatives of any Continuum of Care, and the situation is no different with the WV Balance of State Continuum of Care (BoS CoC). While some communities and their respective community entities are providing collaboration and services to PATH-eligible clients, ushering them from street to housing quickly and effectively (Harrison County); in other communities, creating a clear line of access from street to housing has been much more challenging (Berkeley Barbour, Upshur, Lewis, Randolph, Marion, and Monongalia Counties). Housing, case management, treatment, and stabilization services exist in every community in West Virginia. Aligning those services into one coherent system is the most fundamental function of a Continuum of Care, and PATH Outreach has shown us as a Continuum that much work remains to be done. Duplication of services, prolific rules pertaining to mental health and sobriety, and a lack of understanding as to the strategic initiatives that end homelessness are creating an environment where aggressive street outreach and prioritization for housing of the state's most acute individuals experiencing homelessness are not a guarantee of appropriate and effective housing, housing stabilization, ongoing case management, and follow-up. So, while we continue to build a cogent system of housing and services where street outreach plays a crucial part, the reality of moving people quickly from street to permanent housing is proving more difficult than anticipated, due to effective outreach, not the lack thereof.

Service Provision and Housing

Alignment with PATH Goals

WVCEH is purely pursuing the goals of targeting street outreach, case management, and connection to housing, but due to the inability to work effectively with shelters in triaging and

placing high barrier individuals into housing, more shelter-based in-reach has been performed at the outset out of necessity. A large part of the issue with PATH-eligible individuals accessing emergency shelters as a place for triage prior to permanent housing is the expectation of sobriety before entering shelters, and in the case of some shelters, specific pre-requisites for treatment or medication prior to entry into a shelter. Obviously, this makes access to shelters by the PATH-eligible population next to impossible, and therefore PATH staff is spending an inordinate amount of time acting as advocates for PATH-eligible individuals, and/or working around the current system of exclusion to connect PATH-eligible individuals with housing and services. Therefore, WVCEH is working closely with the WV Office of Economic Opportunity as the lead for the HUD Emergency Solutions Grant (ESG) which funds emergency shelters and rapid re-housing, as well as the WVDHHR Division of Child and Adult Services, which funds the ten contract shelters in West Virginia, to make policy recommendations for both funding sources to bring inclusionary policies into play which would make more effective connections for PATH-eligible clients to permanent housing.

WVCEH is finding several gaps in the current service system, and PATH is acting as a powerful tool to further hone the grasp on current and ongoing systemic gaps in service. Notable gaps in the current service system are:

1. **Problem:** Exclusionary policies by Emergency Shelters that create an environment of exclusion for chronically homeless individuals make it impossible for shelters to act as true triage centers continue to be an issue for our outreach staff.
Solution: Policies that require shelters to adjust rules and population focus to accommodate the triage of high acuity, chronically homeless persons until they can be placed in available permanent housing. WVCEH continues to work with the WVDHHR Division of Child and Adult Services on amending the current policies.
2. **Problem:** Lack of adequate Rapid Re-Housing services for mid-acuity persons engaged with PATH.
Solution: Rapid Re-Housing is a proven, flexible solution for mid-acuity individuals and families that works well in rural scenarios. In some cases, Rapid Re-Housing can allow persons to bypass the shelter system altogether and be placed immediately in permanent housing. An expansion of ESG Rapid Re-Housing, Landlord Outreach, a retooling of the Supportive Services for Veteran Families (SSVF) Grant, to focus more on Rapid Re-Housing than Prevention, and more applicants for the CoC Rapid Re-Housing Program would go a long way to expanding the Rapid Re-Housing response in Regions 2 and 4, assuming that policies, rules, and eligibility criteria are tailored to the inclusion of high-barrier individuals and households.
3. **Problem:** The need for more Permanent Supportive Housing for high-acuity individuals experiencing severe mental illness and substance use issues, and the adherence to a housing first model among the current Permanent Supportive Housing providers.
Solution: Expansion of both Permanent Supportive Housing offered by WV Balance of State Continuum of Care, and new, creative projects pairing state behavioral health

services with flexible housing subsidies (such as HOME Tenant Based Rental Assistance (TBRA)), creating additional avenues for housing and services among chronically homeless individuals and high acuity individuals and families, as well as the continued use of HUD VASH vouchers.

4. **Problem:** Continued expansion of, and adherence to, the Coordinated Access and Common Assessment procedure in the WV BoS CoC utilizing the Service Prioritization Decision Assistance Tool (SPDAT) and the community-level prioritization lists for housing of the most acute individuals.

Solution: Continue the work begun by the local 100,000 Homes Campaigns, creating a system of available housing stock, registering chronically homeless individuals with the VI-SPDAT in HMIS through Outreach and Registry Weeks, populating local prioritization lists, and housing chronically homeless and high acuity people quickly and effectively. More entities, such as Corrections, State Hospitals, Medical Facilities, and Faith-Based providers need to utilize HMIS and the accompanying VI-SPDAT and SPDAT products in order to assess, triage, and effectively house high-acuity individuals.

5. **Problem:** Reporting on SOAR Outcomes and dedicated SOAR staff persons in various communities.

Solution: While 80 people have been trained in SOAR to-date, particular difficulty has been realized in pulling data on statewide SOAR outcomes. While a SOAR Assessment exists within HMIS, SOAR-trained case managers are simply not using it. Therefore, the WVCEH will be cross referencing the current list of SOAR case managers with the current list of case managers utilizing HMIS and contact them for a webinar training on the SOAR Assessment process in HMIS. Additionally, WVCEH is working with trained SOAR case managers by offering in-person follow up training as well as webinars.

6. **Problem:** Accessibility to mental health treatment for PATH clients in a timely manner.

Solution: Continue to work with local community mental health agencies in providing adequate services by being the liaison between agency and client, but the situation is still tenuous given the time it takes to get extremely high-need people into mental health treatment.

7. **Problem:** Receiving state grant reimbursements such as PATH and ESG in a timely manner. Smaller non-profits doing excellent direct service at a volume find it very difficult to maintain proper cash flow in order to deliver services. This has a trickle-down effect, even in terms of the ability to keep people in housing (with little cash flow, rent checks are late).

Solution: Speed up the process by which state reimbursements make their way back to non-profit agencies. This would translate to more people being assisted more efficiently.

Services Available to persons with Severe Mental Illness and Substance Use Disorders

Services available to persons with severe mental illness and substance use disorders originate primarily from local hospitals, community mental health providers, some community health clinic/integrated behavioral health centers, state hospitals, peer recovery groups, ACT Teams, local coordinated care grantees, and prevention grantees throughout the Continuum of Care. Availability, however, is only one piece of the puzzle with referral, connections, and uneven

knowledge of the available services being actively addressed in just a few communities. HMIS usage is key to connecting homeless housing and services providers to available treatment, prevention, counseling, case management, and care coordination services as they are available in the state. The WV Statewide HMIS product, ServicePoint, contains a robust resource library of available services in every county, but in order for providers to access these resources, they must utilize HMIS to its fullest extent. Likewise, as more community mental health, behavioral health, hospitals, and substance use services providers come onto HMIS (as they currently are) the “net” is cast that much wider, and connections to housing and services, driven by a core assessment and referral base, become faster, more effective, and with coordinated access, actually connecting people with the kind of housing and services that their situation could most benefit from.

As the WV Balance of State Continuum of Care, and the State Coalition on Homelessness, the WVCEH is in the fortuitous position of providing several opportunities for evidence-based practice training to organizations and agencies in the Balance of State Continuum of Care and throughout the state. In the past year, some training that has been provided includes:

1. Service Prioritization Decision Assistance Tool (SPDAT): The evidence-based assessment provided by OrgCode Consulting that is the assessment for the coordinated assessment procedure in the Balance of State Continuum of Care, the Kanawha Valley Collective CoC, and the Huntington Cabell Wayne CoC. Several PATH Outreach Workers are currently utilizing the VI-SPDAT Prescreen Tool in the field to assess and prioritize the most vulnerable individuals for housing placement and wraparound services, and all of our PATH Outreach Workers have been trained to utilize the Full SPDAT Assessment as a case management tool.
2. Rapid Re-Housing 101/Progressive Engagement: WVCEH regularly utilizes resources from the National Alliance to End Homelessness and OrgCode Consulting to keep up with the latest strategies on rapid re-housing and housing first. The 100,000 Homes participant hub on Facebook is also an excellent resource for timely information on the latest rapid re-housing and housing first best practices across the country.
3. SOAR: As the State SOAR Lead, WVCEH provides community training on SOAR and has trained over 80 individuals in the SOAR curriculum in the past three years. Currently, all PATH Outreach Workers are SOAR-trained.
4. HMIS: As the HMIS Lead for the Balance of State CoC, WVCEH performs several HMIS trainings across the state and by webinar, having trained over 370 new and existing users in 2014.. Among those, all PATH Outreach Workers in the Balance of State CoC were recently offered PATH-specific HMIS training, which all PATH personnel in the BoS CoC attended.
5. Coordinated Access/Systems Training: WVCEH, normally in conjunction with HMIS training, CoC monitoring, or other training delivers a Coordinated Access/Housing Type/Systems Presentation and training explaining the types of housing and services available throughout the state, and the process for coordinated access that is currently being used in the Balance of State CoC, utilizing HMIS. Soon, WVCEH now has written policies and guidance, in draft form, for coordinated access and assessment throughout the BoS CoC. It is currently available on our website.

6. Zero:2016- WVCEH is one of 71 communities in the country part of a rigorous follow-up to the 100K Homes Campaign. In the BoS, WVCEH targeted five communities to end veteran homelessness by the end of 2015 and chronic homelessness by the end of 2016. WVCEH PATH outreach workers are members of the leadership teams in two of the communities (Harrison County and the Eastern Panhandle), playing a key role in reaching the targeted goals.

Data

WVCEH has fully integrated PATH into both the CoC HMIS and into the Statewide HMIS Implementation. All PATH Workers are currently utilizing HMIS well ahead of the 2016 integration target. The HMIS Data Standards “HMIS Data Dictionary”) were updated in October 2014. All HMIS end-users (including PATH providers) participated in a mandatory webinar that provided detailed changes in the system, including data points collected for PATH and other SAMSHA programs. Given that WV is now a statewide HMIS implementation utilizing ServicePoint, these changes will be automatically integrated. Ongoing plans for PATH/HMIS training and expansion include:

- a) Regular updated training with PATH staff in the Balance of State CoC on HMIS.
- b) SkanPoint, allowing PATH Workers to more easily attach services provided to individual PATH clients.
- c) Continued training on PATH’s function in populating local prioritization lists within HMIS, and providing housing and service connectivity and referral.
- d) Refresher training on entry into the SOAR Assessment in HMIS for PATH Workers.

Technology utilization on case management, or clinical care coordination across service sectors Currently, the number of medical, behavioral health, and clinical partners utilizing HMIS has increased greatly over the past year and continues to increase. The inclusion of new housing providers and new health, mental health, and clinical service providers in West Virginia on HMIS creates a wider base of referral and resource opportunities for the PATH Outreach Workers, who are all currently on HMIS. As HMIS expands in West Virginia, so will the opportunities for connections to new housing and service opportunities for the PATH program.

Clinical Services/EHR

WVCEH is not a clinical provider and therefore has not adopted EHR.

Certified EHR

WVCEH is not a clinical provider and therefore has no EHR to certify.

Integration of EHR and HMIS

Currently, there are no plans to integrate EHR and HMIS, but WVCEH has inquired with its HMIS vendor, Bowman Systems, about other states who are integrating EHR and HMIS, and looking into the logistical and financial ramifications of doing so. With several hospitals, medical, and mental health/substance abuse providers coming onto HMIS and utilizing it as their client-level database, the possibilities for HMIS and EHR integration are interesting.

SSI/SSDI Outreach, Access, and Recovery (SOAR) and Staff Information

WVCEH has trained 3 of the 6 PATH staff in the Balance of State on SOAR. There have been a total of 80 individuals trained in SOAR statewide. As of this date there have been no consumers assisted through the SOAR process by WVCEH.

Currently, it is impossible to cross-reference the number of PATH clients assisted through SOAR given the aforementioned lack of data due to providers not entering their SOAR outcomes into HMIS. It is very likely that some consumers have been assisted through the SOAR process but it cannot be shown through HMIS data. Further training will be provided by WVCEH to integrate PATH entry data with SOAR entry data in HMIS in the coming year, as we realize this is an area where data is sorely needed not only because WVCEH needs to report SOAR outcomes to the National SOAR TA Providers, but also because it is crucial to show the intersection between both of these SAMSHA-funded initiatives.

Access to Housing

WVCEH utilizes pretty much every type of housing available in the CoC that can be utilized for PATH clients. More importantly, however, WVCEH Assesses PATH clients with the VI-SPDAT Assessment Tool prior to housing placement to determine their overall acuity and best housing fit. Of the 189 clients served through PATH by WVCEH in 2014, the vast majority has been connected to emergency shelter, permanent supportive housing, and rapid re-housing exits in existing homeless housing programs. However, in several instances PATH staff has also assisted with housing location in market housing for some low acuity clients. While our PATH Program is still relatively new and not all clients to date have been housed, it is currently confirmed that approximately 20%, currently being served have been permanently housed. WVCEH also receives ESG Rapid Re-Housing resources to assist PATH Outreach Workers with immediately housing PATH clients with mid to high acuity in Regions 2 and 4. In many cases, making referrals and connections to existing housing has proven difficult due to rules, stipulations, “hoops”(e.g. emergency shelter before rapid re-housing), and policies. Therefore, WVCEH is funding it a much more rapid solution to connect PATH-eligible clients to housing through the use of a combination of PATH and ESG funds, rapidly re-housing individuals and families without lengthy shelter stays, or lengthy time remaining on the street prior to housing placement. Until WVCEH, as the CoC, has the ability to fundamentally fix many of the aforementioned systemic issues, we feel it is our responsibility to connect persons on the street with housing and case management as quickly and effectively as possible, understanding the ongoing burden on current PATH staff to provide follow-up case management and assistance.

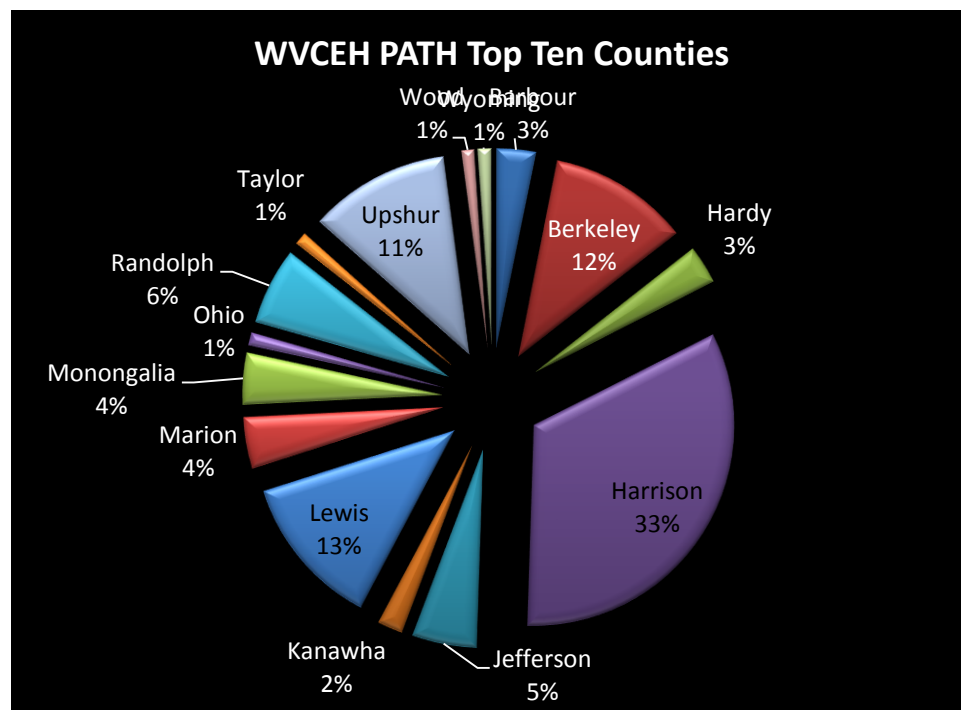
Staff Information

Both WVCEH PATH Outreach Workers have education and experiential background in social work and social services, and both demonstrate cultural, linguistic, ethnic, and gender/sexual preference sensitivity and understanding. Both have an understanding of housing connections, and particularly the stipulations of Fair Housing, and the prevalent issues that come along with serving a population of focus with mental health and substance use issues. Truth be told, other service providers in the service area would seemingly derive far more benefit from the Culturally and Linguistically Appropriate Services (CLAS) Standards versus the WVCEH PATH Outreach

Personnel, given many of the experiences PATH staff have encountered over the past few months.

Client Information

Of the 189 PATH Clients that WVCEH has served to-date, 102 have a disability of long duration, 57 are chronically homeless, 8 are veterans, and 6 are chronically homeless veteran. 25 persons have been domestic violence victims or survivors, and 136 have been white, with 5 black or African American. County breakout of counties served by PATH is as follows:



WVCEH PATH numbers surpassed projected numbers of contacts, enrollment and slightly below the percentage of those who were literally homeless. In terms of previous projections in housing placement, pragmatic experience has shown thus far that while placement in Transitional Housing is not ideal, that we may have to rely on certain less than ideal housing placement situations due to the prolific rules and barriers in place for PATH-eligible clients. Fundamental changes will be made in the housing situation of the Balance of State CoC in the near future, however, allowing for quicker and more effective placement of PATH-eligible clients into housing.

Projected # of adult clients to be contacted: 75

Projected # of adult clients to be enrolled: 40

% of adult clients to be literally homeless: 90%

Consumer Involvement

Individuals who experience homelessness and have serious mental illness are at the core of the tactical and strategic planning of all WVCEH activities, and specifically the way in which PATH services are delivered in Regions 2 and 4. WVCEH is unveiling a new Regional CoC Committee and Sub-Committee structure that will incorporate the input and guidance of persons either currently experiencing homelessness or formerly experiencing homelessness, serious mental illness, and substance issues. WVCEH is currently receiving assistance from an individual who formerly experienced homelessness and is currently residing in Permanent Supportive Housing in the Eastern Panhandle, in outreach activities, assistance, and access to homeless encampments and locations throughout the area. In the coming month, staff will be investigating the possibility of assisting this individual as a part-time outreach assistant given his valuable input, guidance, and assistance thus far. WVCEH will be speaking with other peer-guided networks in other states currently using peer-guided outreach models to discuss the best practices in launching such an endeavor.

Budget Narrative

See WebbGas Attachment.

7. Westbrook Health Services

2121 East Seventh Street

Parkersburg, WV 26101

Contact: Tim Barnett

Contact Phone #: 304851721

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: WV-013

State Provider ID:

Geographical Area Served: Region 3

Planning Period From 7/1/2015 to 6/30/2016

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments		
a. Personnel	\$ 20,200	\$ 1,453	\$ 21,653			
Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Peer Support Specialist	\$ 20,200	1.00	\$ 20,200	\$ 1,453	\$ 21,653	
b. Fringe Benefits	10.78 %	\$ 2,335	\$ 1,278	\$ 3,613		
c. Travel	\$ 0	\$ 0	\$ 0			
No Data Available						
d. Equipment	\$ 0	\$ 0	\$ 0			
No Data Available						
e. Supplies	\$ 0	\$ 831	\$ 831			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Office: Supplies	\$ 0	\$ 831	\$ 831			
f. Contractual	\$ 0	\$ 0	\$ 0			
No Data Available						
g. Construction (non-allowable)						
h. Other	\$ 0	\$ 3,950	\$ 3,950			
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
Office: Other (Describe in Comments)	\$ 0	\$ 3,950	\$ 3,950	Travel, rent, utilities		
i. Total Direct Charges (Sum of a-h)	\$ 22,535	\$ 7,512	\$ 30,047			
j. Indirect Costs (Administrative Costs)	\$ 4,372	\$ 1,457	\$ 5,829			
k. Grand Total (Sum of i and j)	\$ 26,907	\$ 8,969	\$ 35,876			

Source(s) of Match Dollars for State Funds:

In-kind, Local

Estimated Number of Persons to be Contacted: 350 Estimated Number of Persons to be Enrolled: 213
 Estimated Number of Persons to be Contacted who are Literally Homeless: 210
 Number Staff trained in SOAR in Grant year ended in 2014: 1 Number of PATH-funded consumers assisted through SOAR: 0

GRANTEE NAME: Westbrook

BUDGET PERIOD ENDING: 6/30/2015

ORIGINAL x

REVISION

REVISION #

ASSIGNED PROGRAM NAME: PATH - Federal

DATE 11/10/2014

STATE ASSIGNED ACCOUNT NUMBER: 2015-8723-0506-2851-13000-3285-0000-PA
CURRENT YEAR ALLOCATION: \$26,907

*DIRECT COSTS		BHHF Funds	**OTHER Funds	TOTAL
A. PERSONNEL (DESCRIBE POSITIONS)				
1. 1.0 FTE ENGAGEMENT SPECIALIST		\$20,200	\$1,453	\$21,653
2.				\$0
3.				\$0
4.				\$0
5.				\$0
Category Subtotal:		\$20,200	\$1,453	\$21,653
B. FRINGE BENEFITS				
1. Pension		\$32	\$211	\$243
2. Health Insurance		\$338	\$817	\$1,155
3. FICA		\$1,545	\$111	\$1,656
4. Unemployment Insurance		\$45	\$23	\$68
5. Workers Compensation		\$375	\$116	\$491
6.				\$0
Category Subtotal:		\$2,335	\$1,278	\$3,613
C. Equipment (Describe):				
1.				\$0
2.				\$0
3.				\$0
Category Subtotal:		\$0	\$0	\$0
D. SUPPLIES				
1. DIRECT OFFICE SUPPLIES				\$0
2. GENERAL PROGRAM SUPPLIES			\$831	\$831
3. HOUSEKEEPING SUPPLIES				\$0
4.				\$0
5.				\$0
6.				\$0
Category Subtotal:		\$0	\$831	\$831
E. CONTRACTED SERVICES (DESCRIBE):				
1.				\$0
2.				\$0
3.				\$0
Category Subtotal:		\$0	\$0	\$0
F. CONSTRUCTION (Special Permission)				\$0
G. OTHER				
1. DIRECT STAFF TRAVEL			\$950	\$950
2. RENT			\$1,250	\$1,250
3. DEPRECIATION				\$0
4. REPAIRS & MAINTENANCE (vehicle)			\$237	\$237
5. REPAIRS & MAINTENANCE (facility)				\$0
6. REPAIRS & MAINTENANCE (Equipment)				\$0
7. INSURANCE (property, liability, etc.)				\$0
8. UTILITIES			\$1,207	\$1,207
9. PHONE			\$306	\$306
10. HOUSEKEEPING SERVICES				\$0
11.				\$0
12.				\$0
13. Food, Dietary Supplies, Cleaning Household Supplies				#REF!
Category Subtotal:		\$0	\$3,950	\$3,950
TOTAL DIRECT COSTS (SUM OF A - G)		\$22,535	\$7,512	\$30,047

	BHHF Funds	OTHER Funds	TOTAL
1. TOTAL DIRECT COSTS (From Prior Page)	\$22,535	\$7,512	\$30,047
2. *** BHHF INDIRECT COST BASE AMOUNT	\$22,535		
3. ****INDIRECT COST RATE	19.40%		
4. ****INDIRECT COST AMOUNT (Base X Rate)	\$4,372	\$1,457	\$5,829
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$26,907		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$8,969	
7. ANTICIPATED PROGRAM INCOME EARNED		\$8,969	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			\$35,876

BRIEF PROJECT DESCRIPTION:

Homelessness continues to be a problem in the United States and West Virginia is no stranger to the problem. Homelessness in this

FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and

BHHF & Local Funds

NOTES:

*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect

**Any anticipated amounts of program income should be included in the budget for Other Funds.

*** BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

****In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

***** Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: Josh Hudkins, Controller

DATE 11/10/2014

Telephone Number: (304) 485-1721

BHHF USE ONLY

DIVISION DIRECTOR APPROVAL _____ DATE _____

WESTBROOK HEALTH SERVICES, INC.

PATH INTENDED USE PLAN 2015

Local Provider Description – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Westbrook Health Services, Inc. is a 501 (c)(3) non-profit corporation providing Comprehensive Behavioral Health services in Region 3 (eight (8) rural counties in West Virginia, including Wood, Wirt, Calhoun, Jackson, Roane, Tyler, Ritchie and Pleasants counties. Westbrook has a Board of Directors that meets monthly and supervises an Executive Director to provide overall implementation of its directions. The Executive Director supervises management, which then supervises clinical and administrative staff. Credentialed and Privileged clinical staff members provide clinical services to consumers. All Clinical management staff and some senior Administrative staff members have clinical backgrounds, education and licensures, as well. Services are provided for individuals and their families in three (3) disability groups: Mental Health, Substance Abuse and Developmental Disabilities. Services by licensed professionals and physicians are available at sites throughout the service area, including, but not limited to: Psychiatric and other medical services provided by Licensed Physicians / Psychiatrists and Nurses; Psychological services provided by Licensed Psychologists; Therapy/Counseling services provided by Licensed Counselors, Licensed Social Workers and Certified Clinical Addiction Counselors; Social Work services provided by Licensed Social Workers; Case Management/Service Coordination services provided by qualified professionals; Detoxification services for individuals withdrawing from substances of abuse; Residential Crisis Stabilization (Amity (SA) and New Day CSU (MH), both of which provide services for Dual Diagnoses and Co-occurring Disorders; Westbrook Day Treatment/Supportive Program services. Because of its comprehensive nature, Westbrook Health Services also provides a wide variety of other programs to address the needs of its clients, including: Outpatient Substance Abuse services, Outpatient Mental Health services, Youth services, EAP services, ACT services, GENESIS Women's Program, Residential Support services for individuals with MH and Developmental Disabilities, Homeless Programming (including PATH, Transitional and Permanent housing with supportive services) and Crisis services. Westbrook receives _____ in PATH funding. Detailed funding information is contained in the Budget.

Collaboration with HUD Continuum of Care (CoC) Program – Describe the organization's participation in the HUD CoC program and any other local planning, coordinating or assessment activities. If you are not currently working with the CoC, briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

Westbrook Health Services has had a staff member on the local Mid-Ohio Valley Continuum of Care for many years. Westbrook serves as host to the general membership meetings. Westbrook has also served as a member of the state lead,

WVCEH which is the Balance of State Continuum of care. Westbrook has maintained involvement in the WVCEH (HUD Balance of State) and received two grants to provide transitional housing services in Jackson County, WV (Ravenswood) and two grants for permanent housing in the Parkersburg, Wood County area over the years. Other potential programs may be developed as appropriate to the needs of the community. The current representatives are:

David N. Cisler MA, LSW: Mr. Cisler has been a member of MOVCOG for over 12 years. He served on the Steering Committee in its early years and on the Board of Directors (Secretary and Vice President) in later years. He currently serves as President / Chair of the MOVCOG, which until this year was a sub-committee of the Wood County FRN. As of this year, the FRN has remained as a COG member, but the MOV COG is no longer affiliated with the FRN. Mr. Cisler is known across the state and within Region 3 with respect to homelessness issues and serves as a member of the Board of Directors of the WV Coalition to End Homelessness and Balance of State CoC (WVCEH) where he is involved in a number of committees and is chair of the Governor's West Virginia Interagency Council on Homelessness Families Workgroup.

Timothy Barnett BA, LSW: Mr. Barnett does not serve on the MOVCOG or WVCEH; however, he is the supervisor of PATH provider, Timothy Baer. Mr. Barnett attends MOV COG meetings occasionally and works closely with Mr. Cisler with respect to administrative issues regarding the PATH program. He actively partners with Mr. Cisler and Mr. Baer in structuring and addressing PATH services.

Timothy Baer: Mr. Baer serves as Westbrook's Engagement Specialist providing engagement services. He sits in on MOVCOG meetings, is involved in the Zero 2016 initiative (called MOV 2016, locally) and attends WVCEH meetings as an Associate as his schedule permits

Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Westbrook works very closely with the following agencies with respect to homelessness. Each of them have their own specialties and Westbrook's interactions with them vary:

- Mid-Ohio Valley Continuum of Care (David N. Cisler MA, LSW, QA Director and Timothy Baer, Engagement Specialist are members);
- WV Coalition to End Homelessness (David N. Cisler MA, LSW is a member of the Board of Directors of WVCEH. Timothy Baer, Engagement Specialist is an associate of WVCEH, but serves in no other official capacity there);

- Governor's WV Interagency Council on Homelessness (David N. Cisler MA, LSW serves as Chair of the Families Workgroup)
- Zero 2016 (Timothy Baer serves as leader of this group, which spun off of the MOV COC and is now a separate entity. The local group (MOV 2016) is represented at MOV COC meetings);
- Local and State Governmental agencies, including Wood County Commission, City of Parkersburg, Mayor Robert Newell and City Council, City of Vienna, mayor and City Council; West Virginia State Senator David Nohe and staff; Merritt Moore and WV State PATH program
- Housing programs, including Westland-Adams Adams Apartments HUD Permanent Housing Project, HUD Permanent and Transitional Housing programs (Westbrook), PSI, Inc. transitional housing; Westbrook's Hartley, Genesis and Gant Street housing programs
- Parkersburg Housing Authority (Westbrook works closely with the Housing Authority and formerly operated a conjoint Shelter Plus Care program. The SHP program has since ended at the determination of PHA);
- WV Legal Aid;
- Local Family Resource Networks, including Wood, Wirt, Jackson, Roane, Pleasants and others.
- WV NAMI; WV Mental Health Consumer's Association;
- West Virginia Governors Drug Task Force
- Mid-Ohio Valley Fellowship Home (Westbrook works closely with the Fellowship Home with respect to substance abuse services);
- Homeless shelters and drop in centers including the Salvation Army, Mason County Shelter and Latrobe Street Mission, House to Home Homeless program, PSI, Inc.;
- State Governmental Agencies, including WV DHHR, BBHMF, WV DRS and others
- Education, including Wood County Board of Education, WVU-P, OVC, Marietta College and others
- Soup Kitchens and financial assistance groups, including various churches and ministerial alliances, Old Man Rivers Mission (Community food bank and meal delivery program), Deerwalk Veteran's Association, Chapter 1 (food, financial assistance for shelter, utilities etc. for veterans), Joseph's Storehouse (Community soup kitchen, food and clothing pantry), Stonesoup Kitchen (Weekly community soup kitchen)
- Circles Program to eradicate poverty, which began as an off-shoot of the Mid-Ohio Valley Continuum of Care
- Local Agencies, including SW Resources, Children's Home Society of West Virginia,, Wellness Center, Integrated Behavioral Health, Westbrook Health Services, CRI, Workforce WV, Consumer Credit, WV Birth to Three, Warming hands/hearts, Essentially Yours, United Way, KISRA (Match fund savings program)

- Various Hospitals, including VA (Veteran's Hospital and services), Camden-Clark Memorial Hospital, both Memorial and St. Joseph's Campuses, other hospitals in the region
- Local Law Enforcement; Drug Court; Parole/Probation

Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including: Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

One full-time staff member will be hired in the capacity of "Engagement Specialist". Another individual will be hired as a Technician in the PATH program to serve both as an administrative assistant with respect to HMIS and an ancillary "engagement specialist" in the absence of or in support of the primary Engagement Specialist (this position was recently vacated). Both the Engagement Specialist and Technician will be employees of Westbrook Health Services, Inc. and will be supervised by Westbrook's Mental Health Service Coordination Program Director. The individuals will have access to office space at the Westbrook Administrative Offices or may utilize office space at any available Westbrook site that may be appropriate, but will not be expected to remain "in the office". Westbrook expects the Specialist to be "in the field" actively providing outreach and engagement to individuals. The Technician may be in office or at the office as required. Activities performed by the Engagement Specialist include, but are not limited to the following services which may or may not result in engaging the individual:

- Provide outreach by actively reaching out to the homeless population in the community by going to "where they are", meeting them in places that the homeless may frequent and so on;
- Utilize the VI-SPDAT and similar tools to identify those in need of diversion, shelter and housing. This tool allows coordinated access and the engagement staff can align the program with the most vulnerable and prioritize services and funding using the built-in Acuity Scale.
- Provide "case management" services to facilitate access to immediate care needs such as assuring safety, providing and/or linking to mental health, substance abuse and crisis services, linking to medical health services, providing clothing, food and shelter, providing immediate care transportation assistance and so on as determined through outreach contact;
- Provide "case management" services and engagement beyond immediate care needs by linkage to on-going homeless and "mainstream" services through specialized case management / care coordination services, and so on;
- Serve as one of Westbrook's collaborative "links" with respect to homeless services and attend meetings and act as a member of the Mid-Ohio Valley Continuum of Care and attend General

Member meetings of the WV Coalition to End Chronic Homelessness as necessary and directed;

- Participate in development of local HUD and other initiatives serving the homeless;
- Provide “on-call” availability for emergent situations;
- Assist in monitoring Gant Crisis Housing, Jackson County Transitional Housing and Wood County Permanent Housing programs and other housing programs Westbrook operates or may develop, as directed;
- Assist in targeting funds to assist the homeless such as, but not limited to housing assistance (emergency and other rental assistance, down payments on permanent housing, emergency and other utilities assistance and so on), medication assistance (see emergency services), clothing assistance and meals assistance;
- Collaborate with Community Engagement Specialists, Family Support staff, Hospital Liaison, VA staff, Various local entities providing homeless or homeless-related services and permanent and transitional housing programs across the state;
- Assist in the Rapid Re-housing program, when such a program is available in the area

Describe any gaps that exist in the current service systems.

Some homeless individuals are not “tracked” specifically as homeless by various agencies providing services and other homeless do not consider themselves homeless because they are living with others on a temporary basis and don’t report themselves as homeless. This is a common situation in the Appalachian Culture (“we take care of our own”). Some individuals do not “want to be found” and avoid contact with agencies who might be “tracking” them. Even with all the resources noted in this intended use plan, the needs in the area are not all addressed. Gaps in the system continue to be: Lack of sufficient outreach to reach individuals who are homeless where they are; Lack of sufficient engagement to connect these individuals to services they need; Lack of enough support services for the homeless; Lack of enough housing opportunities toward permanent housing; Lack of enough permanent housing opportunities for the chronically homeless and the widespread lack of funding. The gap that can be filled by this program is that of outreach and engagement. This should result in better connection with the individual into the system.

Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

Westbrook is the third largest behavioral health center in the state, providing services to almost 9,000 consumers annually and maintaining an active caseload of around 3,500 consumers at any one time. Westbrook provides services for Serious Mental Illness and Substance Abuse Disorders, as well as serving individuals with developmental

disabilities and of course, those with dual and multiple diagnoses... including co-occurring MH and SA. Individuals presenting for services within this project are screened as part of coordinated access for housing acuity using the VI-SPDAT and may be diverted and targeted to the appropriate resource, including but not limited to MH services such as counseling, therapy and so on, Clinical services such as medical, psychiatric and psychological services, SA services such as SA counseling, therapy, IOP and so on and Crisis Stabilization (residential) services (for both MH and SA), Crisis services (such as crisis care coordination and commitment) and Detoxification provided by the Amity program and Westbrook's CSU. These are internal and readily available programs. Along with Westbrook, there are a number of service providers within the area, most of whom also provide services for individuals who meet the definition of "homeless". Other services provided by other agencies may be accessed as needed to further broaden referral resources. It is important to note that housing is NOT contingent on referrals to services. The local entities are closely aligned with WVCEH and MOV COC has used a "housing first" model for many years.

Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.

Westbrook, as an agency, engages in many EBP and these practices are applied to any individual who seeks services at Westbrook. Training for PATH-funded staff includes but is not limited to the basic trainings required of all Westbrook employees, regardless of whether or not they are involved in HUD programs and other training protocols required specifically by role. Examples of basic trainings include: CPR/First Aid, Crisis Intervention, Documentation, Trauma-informed Care, Ethics, Cultural Competency and others. Internally funded MRC and other EBP trainings are also provided. In general, payment for newer training requirements rests with the state and other agencies such as SOAR. Westbrook's PATH staff have been trained in Trauma-Informed Care, SPDAT, SOAR and Cultural Competency as a result of assistance from the state and technical assistance from HUD and have been trained in MRC internally. The local MOV COC looked at the 100k Homes protocol and a group spun off to embrace that initiative. When it was met, the initiative changed to Zero 2016, which is a Chronic and Veteran homelessness initiative. This initiative will end in 2016 and likely be replaced by another. The local spun off group has become an entity of its own and provides the acuity rating review for the MOV COC. The local group (MOV 2016) sits on the MOV COC as members.

Data – Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

HMIS integration has been dependent on a new HMIS system, WVCEH training opportunities, system availability and staffing availability. This has been an on-going project between the state and WVCEH as the Balance of State COC. The system is now in place; however, as with any new system, adjustments are being made. PATH

staff have been trained in HMIS and currently enter into the system. PATH staff also enter into the PBX system and provide reports from these systems to the state in keeping with requirements for Statements of Work. Entry into HMIS will continue and as changes occur, staff will be trained and supported.

SSI/SSDI Outreach, Access, Recovery (SOAR) – Describe the provider’s plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013- 2014), and the number of PATH funded consumers assisted through SOAR.

Training for SOAR is under the purview of the state SOAR lead, WVCEH.

- a. 2013 training in SOAR: Westbrook trained staff in SOAR in 2013. WVCEH trained five (5) Westbrook homeless services staff, including PATH-funded staff, and a number of other staff in SOAR. All PATH staff have been trained in the SOAR protocol. Those staff have not changed.
- b. Consumers assisted using SOAR: Westbrook PATH staff have not assisted consumers using SOAR for this year; however, a number of consumers have been assisted with application for SSI/SSDI outside of the SOAR protocol by other staff. Westbrook intends to use the SOAR protocol as appropriate and is currently attempting to revitalize this worthwhile protocol.
- c. 2014 training in SOAR: Since SOAR training does not necessarily need to be repeated with the same staff, there is no intention of training homeless services staff again unless staff members leave and need to be replaced or it is determined to provide a refresher. Westbrook is committed to use of SOAR protocols and will be affording the training to staff as determined proper. Upon replacement of the vacant PATH part-time position, training will be provided to that individual as well.

Housing – Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Current projects to address housing include, but are not limited to:

1. Westbrook’s PATH and HUD Housing staff are regularly involved in attempting to secure housing availability. This is an on-going activity.
2. The local Zero 2016 initiative is considering finding ways through interactions with faith-based entities to fund housing. This is a new project and one that is being entered carefully.
3. Westbrook collaborates with the state of WV to provide 3 transitional housing programs for women, two of which are for women and their children with SA problems and is

- currently involved in attempting to secure more grant funding to expand this program.
4. Westbrook collaborates with HUD to provide a transitional supportive housing program in Jackson County, WV (a congregate living home for males and 2 Family transitional homes);
 5. Westbrook collaborates directly with Westland Adams, a HUD permanent housing program (Adams Apartments);
 6. Westbrook collaborates with HUD, the Parkersburg Housing Authority and WV Legal Aid with respect to 11 permanent supportive housing homes in the Parkersburg area.
 7. Westbrook collaborates with HUD and others for the new 5 unit permanent housing program for individuals who are chronically homeless. This is a recently funded program.
 8. Westbrook partnered with the WV Mental Health Consumer's Association for Rapid Re-housing in Northern Counties of WV. This project has closed. Westbrook collaborated with WVCEH in 2014 for a rapid-re-housing program and intends to look into continuing that relationship;
 9. Westbrook maintains two apartments which are used for short term crisis housing in the Wood County area;
 10. Westbrook works cooperatively with a number of other similar kinds of programs such as those listed above, such as: Integrated Behavioral Health has a permanent housing project for consumers who are homeless under HUD and other similar programs are in various stages of development; PSI Inc. provides a transitional housing program; PSI provided a Drop In Center at Westbrook in 2005. The program was moved to PSI facilities and then, about a year later, moved to facilities provided by Integrated Behavioral Health. It has recently been moved to PSI facilities and, unless funding can be accessed, will close. The Parkersburg Housing Authority provides for Section 8 and related housing services for individuals; House-to-Home provides a Drop-in Center in central Parkersburg; Westbrook provides a Drop-in Center for individuals under the Hartley Initiative in two counties, Wood and Jackson.
 11. Westbrook is looking into a VA Transitional Housing program, which has just been released.

Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and

differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov>.

Westbrook Health Services, Inc. staff follow the demographics of the general population in the area.

- a. Staff working in the PATH program are white and Appalachian in culture.
- b. Westbrook's staff serve a focus population of almost entirely white individuals with similar cultural backgrounds to Westbrook's staff; however, from time-to-time, a non-white individual or one having a different cultural background appears needing services. In keeping with Cultural Competency, staff meet the individuals "where they are and how they are" and avoid issues with respect to racial, ethnic and cultural norms.
- c. If the individual is in need of culturally significant assistance, such assistance is sought if it is available. One example is if a limited English speaker seeks PATH services, he/she will be afforded access to translators or other similar assistance if needed. Health disparities such as greater incidences of various diseases in one ethnic / racial / cultural subgroup versus another and others are addressed as they surface. Since the population is primarily white and mostly the same ethnic group and Appalachian in culture, there is less health disparity from consumer to consumer in this region than in other, more diverse population centers. LGBT Individuals are afforded the same level of services as non-LGBT individuals. Since individuals with ethnic/racial/cultural diversity are more uncommon, staff can more easily target if an individual is at greater risk of reduced access, service use and outcomes. By and large, Westbrook consumers are all offered the same level of assistance by assuring that needed services are made available to all individuals in keeping with Westbrook's non-discrimination policy, which covers all of Westbrook and those who are not part of the greater population gain the same access, service and outcomes as others.
- d. Westbrook provides training for staff with respect to cultural competency and diversity to assure that cultural competence and health disparity is kept fore-front in the minds of PATH staff. This training is provided periodically, in keeping with maintaining culturally competent staff and to support staff working with all consumers to assure that they are sensitive to racial/ethnic differences and other differences such as age, gender and so on.

Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

The State of WV has a 2014 estimated population of _____. Westbrook's service area has a population base from the last census of approximately _____ people. The service area of Westbrook Health Services includes Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood.

COUNTY	POPULATION
Calhoun	7,564
Jackson	29,178
Pleasants	7,577
Ritchie	10,073
Roane	14,656
Tyler	8,995
Wirt	5,901
Wood	86,569
TOTAL	170,513

Census Estimate 2014

163,476 are veterans (American Community Survey). The Census estimate in 2013 indicated that the majority of individuals in WV (94%) are white. This leaves 6% minorities. Approximately 358,000 individuals in WV aged five and up have a disability (about 20.9% of the total population) and approximately, 95.9% of the population with a disability is white.

West Virginia is the only state in the nation situated entirely within federally-designated Appalachia (and Region 3 is part of that). Knowledge of this culture and all other individuals presenting with disparate cultures, ethnicities, languages and so on comes into play when providing treatment and selecting practice modes for staff, including evidence-based practices (EBP). Interventions that are developed with consideration for Appalachian culture, values, language, and behaviors have been most successful with this population (CDC, 2004). Most individuals in the state speak English (97.7% Census 2010), yet some still struggle to read beyond a 4th grade level (Literacy levels in WV). Minorities are limited (see above) and the incidence of minority cultures is similar statewide and in Region 3. In keeping with Culturally and Linguistically Appropriate Services (CLAS) standards, Westbrook provides culturally competent services to individuals of all cultures.

In Region 3, the entire region lies within impoverished counties with over 20% of the population at or below the Federal Poverty Level (FPL), and recently (because of the economic down turn), have some of the lowest incomes and highest unemployment rates in the nation. For example, the median household income in Roane County (\$24,511) is about 58% of national levels. For Region 3, accomplishment of higher education is less than 10%, which influences socioeconomic status.

Westbrook Health Services provided comprehensive services to just under 9,000 unduplicated consumers with an on-going case load of about 3,500 individuals being served at any one time across the service area (2014, Westbrook Statistics). The actual number of individuals being served in Wood County may include individuals from Jackson, Pleasants and Wirt Counties because these counties are contiguous with Wood. At Westbrook, about eighty four percent (84%) of individuals served do not have private insurance but are able to access some funding resources from a variety of federal, state and philanthropic sources. Twelve percent of individuals with dual diagnoses of SMI and SA are uninsured, and 4% of persons with substance abuse diagnoses are uninsured. Approximately 7.5% of consumers are funded through private pay, insurance or other resources. The bulk of Westbrook's consumers receive funding through Medicaid, Medicare and other government resources (2013, Westbrook statistics).

Westbrook does not 'enroll' individuals in the PATH program. Westbrook projects that approximately 350 individuals will be contacted by general outreach that may not rise to the level of "engagement". Westbrook projects between 200 and 225 of contacted individuals will be linked into some kinds of services during the project year. A maximum of 200 individuals will be engaged by the Engagement Specialist. Westbrook expects 60% of consumers to be served by the PATH funds to be "literally homeless"; i.e., living in shelters or on the streets, as opposed to those at imminent risk of homelessness. Westbrook notes that the number of individuals to be served may be diverted by "Rapid Re-housing" type programs, if such programs are put in place.

Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I "Guidelines for Consumer and Family Participation".

Individuals (and/or their families) who are homeless and have serious mental illnesses have input into the system, which may include but is not limited to planning, implementation and evaluation of PATH-funded services. The Continuum of Care meetings, which include the PATH providers, are always open to the homeless and, while they generally do not attend, homeless individuals DO come to meetings from time-to-time. They are always welcome and they continue to be invited. Consumers in the transitional and permanent housing programs are excellent advocates for their needs and their input is sought by staff and the information is brought to the table and changes may be made to programs as a result. Individuals who were PATH-Eligible have moved on with their lives and some have been employed by Westbrook. Many times, especially with respect to the annual PIT Count and "registry week", such individuals serve as volunteers. Individuals with disabilities or families of those with disabilities are represented on Westbrook's Board of Directors and Westbrook's Human Rights Committee.

Budget Narrative – Provide a budget narrative that includes the local-area provider’s use of PATH funds. See Appendix C for a sample detailed budget.

Homelessness continues to be a problem in the United States and West Virginia (WV) is no stranger to the problem. Homelessness in this area is present, even when conditions are very poor such as during extreme cold, during weather systems and so on. There are too few systems available to serve too many consumers and many consumers who, through their mental health and/or substance abuse condition, will refuse services, risking their lives and health. PATH is a project intended to address this problem.

Westbrook has two PATH grants and matching funds. Match is required at 1:3 and is both cash and in-kind as noted below:

Path Budget

Line Item	PATH FED	PATH STATE	Match	In-Kind Match
Personnel expenses	21,653.00	8,580.00		
Benefits/payroll taxes	3,075.00	1,218.00		
Clinical Supervision	2,920.00	2,485.00		15,000.00
Training		1,000.00		
Supplies	2,000.00		5,000.00	
TOTAL REQUEST	29,648.00	13,283.00	5,000.00*	15,000.00

See grant budget for more details. *requested.

Westbrook Health Services

Local Provider Description

Name: Westbrook Health Services

Type of Organization: Community Mental Health Center

Region Served: Region 3

Amount of Federal PATH Funds Received: \$26,907

Westbrook Health Services, Inc. is a 501 (c)(3) non-profit corporation providing Comprehensive Behavioral Health services in Region 3 (eight (8) rural counties in West Virginia, including Wood, Wirt, Calhoun, Jackson, Roane, Tyler, Ritchie and Pleasants counties. Westbrook has a Board of Directors that meets monthly and supervises an Executive Director to provide overall implementation of its directions. The Executive Director supervises management, which then supervises clinical and administrative staff. Credentialed and Privileged clinical staff members provide clinical services to consumers. All Clinical management staff and some senior Administrative staff members have clinical backgrounds, education and licensures, as well. Services are provided for individuals and their families in three (3) disability groups: Mental Health, Substance Abuse and Developmental Disabilities. Services by licensed professionals and physicians are available at sites throughout the service area, including, but not limited to: Psychiatric and other medical services provided by Licensed Physicians / Psychiatrists and Nurses; Psychological services provided by Licensed Psychologists; Therapy/Counseling services provided by Licensed Counselors, Licensed Social Workers and Certified Clinical Addiction Counselors; Social Work services provided by Licensed Social Workers; Case Management/Service Coordination services provided by qualified professionals; Detoxification services for individuals withdrawing from substances of abuse; Residential Crisis Stabilization (Amity (SA) and New Day CSU (MH), both of which provide services for Dual Diagnoses and Co-occurring Disorders; Westbrook Day Treatment/Supportive Program services. Because of its comprehensive nature, Westbrook Health Services also provides a wide variety of other programs to address the needs of its clients, including: Outpatient Substance Abuse services, Outpatient Mental Health services, Youth services, EAP services, ACT services, GENESIS Women's Program, Residential Support services for individuals with MH and Developmental Disabilities, Homeless Programming (including PATH, Transitional and Permanent housing with supportive services) and Crisis services. Westbrook receives \$26,907 in PATH funding. Detailed information is contained in the Budget.

Collaboration with HUD Continuum of Care (CoC) Program

Westbrook Health Services has had a staff member on the local Mid-Ohio Valley Continuum of Care for many years. Westbrook serves as host to the general membership meetings. Westbrook has also served as a member of the state lead, WVCEH which is the Balance of State Continuum of care. Westbrook has maintained involvement in the WVCEH (HUD Balance of State) and received two grants to provide transitional housing services in Jackson County, WV (Ravenswood) and two grants for permanent housing in the Parkersburg, Wood County area over the years. Other potential programs may be developed as appropriate to the needs of the community. The current representatives are:

David N. Cisler MA, LSW: Mr. Cisler has been a member of MOVCOG for over 12 years. He served on the Steering Committee in its early years and on the Board of Directors (Secretary and Vice President) in later years. He currently serves as President / Chair of the MOVCOG, which until this year was a sub-committee of the Wood County FRN. As of this year, the FRN has remained as a COC member, but the MOV COG is no longer affiliated with the FRN. Mr. Cisler is known across the state and within Region 3 with respect to homelessness issues and serves as a member of the Board of Directors of the WV Coalition to End Homelessness and Balance of State CoC (WVCEH) where he is involved in a number of committees and is chair of the Governor's West Virginia Interagency Council on Homelessness Families Workgroup.

Timothy Barnett BA, LSW: Mr. Barnett does not serve on the MOVCOG or WVCEH; however, he is the supervisor of PATH provider, Timothy Baer. Mr. Barnett attends MOV COG meetings occasionally and works closely with Mr. Cisler with respect to administrative issues regarding the PATH program. He actively partners with Mr. Cisler and Mr. Baer in structuring and addressing PATH services.

Timothy Baer: Mr. Baer serves as Westbrook's Engagement Specialist providing engagement services. He sits in on MOVCOG meetings, is involved in the Zero 2016 initiative (called MOV 2016, locally) and attends WVCEH meetings as an Associate as his schedule permits

Collaboration with Local Community Organizations

Westbrook works very closely with the following agencies with respect to homelessness. Each of them have their own specialties and Westbrook's interactions with them vary:

- Mid-Ohio Valley Continuum of Care (David N. Cisler MA, LSW, QA Director and Timothy Baer, Engagement Specialist are members);

- WV Coalition to End Homelessness (David N. Cisler MA, LSW is a member of the Board of Directors of WVCEH. Timothy Baer, Engagement Specialist is an associate of WVCEH, but serves in no other official capacity there);
- Governor's WV Interagency Council on Homelessness (David N. Cisler MA, LSW serves as Chair of the Families Workgroup)
- Zero 2016 (Timothy Baer serves as leader of this group, which spun off of the MOV COC and is now a separate entity. The local group (MOV 2016) is represented at MOV COC meetings);
- Local and State Governmental agencies, including Wood County Commission, City of Parkersburg, Mayor Robert Newell and City Council, City of Vienna, mayor and City Council; West Virginia State Senator David Nohe and staff; Merritt Moore and WV State PATH program
- Housing programs, including Westland-Adams Adams Apartments HUD Permanent Housing Project, HUD Permanent and Transitional Housing programs (Westbrook), PSI, Inc. transitional housing; Westbrook's Hartley, Genesis and Gant Street housing programs
- Parkersburg Housing Authority (Westbrook works closely with the Housing Authority and formerly operated a conjoint Shelter Plus Care program. The SHP program has since ended at the determination of PHA);
- WV Legal Aid;
- Local Family Resource Networks, including Wood, Wirt, Jackson, Roane, Pleasants and others.
- WV NAMI; WV Mental Health Consumer's Association;
- West Virginia Governors Drug Task Force
- Mid-Ohio Valley Fellowship Home (Westbrook works closely with the Fellowship Home with respect to substance abuse services);
- Homeless shelters and drop in centers including the Salvation Army, Mason County Shelter and Latrobe Street Mission, House to Home Homeless program, PSI, Inc.;
- State Governmental Agencies, including WV DHHR, BBHMF, WV DRS and others
- Education, including Wood County Board of Education, WVU-P, OVC, Marietta College and others
- Soup Kitchens and financial assistance groups, including various churches and ministerial alliances, Old Man Rivers Mission (Community food bank and meal delivery program), Deerwalk Veteran's Association, Chapter 1 (food, financial assistance for shelter, utilities etc. for veterans), Joseph's Storehouse (Community soup kitchen, food and clothing pantry), Stonesoup Kitchen (Weekly community soup kitchen)
- Circles Program to eradicate poverty, which began as an off-shoot of the Mid-Ohio Valley Continuum of Care
- Local Agencies, including SW Resources, Children's Home Society of West Virginia,, Wellness Center, Integrated Behavioral Health, Westbrook Health Services, CRI, Workforce WV, Consumer Credit, WV Birth to Three, Warming hands/hearts, Essentially Yours, United Way, KISRA (Match fund savings program)
- Various Hospitals, including VA (Veteran's Hospital and services), Camden-Clark Memorial Hospital, both Memorial and St. Joseph's Campuses, other hospitals in the region

- Local Law Enforcement; Drug Court; Parole/Probation

Service Provision

One full-time staff member will be hired in the capacity of “Engagement Specialist”. Another individual will be hired as a Technician in the PATH program to serve both as an administrative assistant with respect to HMIS and an ancillary “engagement specialist” in the absence of or in support of the primary Engagement Specialist (this position was recently vacated). Both the Engagement Specialist and Technician will be employees of Westbrook Health Services, Inc. and will be supervised by Westbrook’s Mental Health Service Coordination Program Director. The individuals will have access to office space at the Westbrook Administrative Offices or may utilize office space at any available Westbrook site that may be appropriate, but will not be expected to remain “in the office”. Westbrook expects the Specialist to be “in the field” actively providing outreach and engagement to individuals. The Technician may be in office or at the office as required. Activities performed by the Engagement Specialist include, but are not limited to the following services which may or may not result in engaging the individual:

- Provide outreach by actively reaching out to the homeless population in the community by going to “where they are”, meeting them in places that the homeless may frequent and so on;
- Utilize the VI-SPDAT and similar tools to identify those in need of diversion, shelter and housing. This tool allows coordinated access and the engagement staff can align the program with the most vulnerable and prioritize services and funding using the built-in Acuity Scale.
- Provide “case management” services to facilitate access to immediate care needs such as assuring safety, providing and/or linking to mental health, substance abuse and crisis services, linking to medical health services, providing clothing, food and shelter, providing immediate care transportation assistance and so on as determined through outreach contact;
- Provide “case management” services and engagement beyond immediate care needs by linkage to on-going homeless and “mainstream” services through specialized case management / care coordination services, and so on;
- Serve as one of Westbrook’s collaborative “links” with respect to homeless services and attend meetings and act as a member of the Mid-Ohio Valley Continuum of Care and attend General Member meetings of the WV Coalition to End Chronic Homelessness as necessary and directed;
- Participate in development of local HUD and other initiatives serving the homeless;
- Provide “on-call” availability for emergent situations;

- Assist in monitoring Gant Crisis Housing, Jackson County Transitional Housing and Wood County Permanent Housing programs and other housing programs Westbrook operates or may develop, as directed;
- Assist in targeting funds to assist the homeless such as, but not limited to housing assistance (emergency and other rental assistance, down payments on permanent housing, emergency and other utilities assistance and so on), medication assistance (see emergency services), clothing assistance and meals assistance;
- Collaborate with Community Engagement Specialists, Family Support staff, Hospital Liaison, VA staff, Various local entities providing homeless or homeless-related services and permanent and transitional housing programs across the state;
- Assist in the Rapid Re-housing program, when such a program is available in the area

Describe any gaps that exist in the current service systems.

Some homeless individuals are not “tracked” specifically as homeless by various agencies providing services and other homeless do not consider themselves homeless because they are living with others on a temporary basis and don’t report themselves as homeless. This is a common situation in the Appalachian Culture (“we take care of our own”). Some individuals do not “want to be found” and avoid contact with agencies who might be “tracking” them. Even with all the resources noted in this intended use plan, the needs in the area are not all addressed. Gaps in the system continue to be: Lack of sufficient outreach to reach individuals who are homeless where they are; Lack of sufficient engagement to connect these individuals to services they need; Lack of enough support services for the homeless; Lack of enough housing opportunities toward permanent housing; Lack of enough permanent housing opportunities for the chronically homeless and the widespread lack of funding. The gap that can be filled by this program is that of outreach and engagement. This should result in better connection with the individual into the system.

Services

Westbrook is the third largest behavioral health center in the state, providing services to almost 9,000 consumers annually and maintaining an active caseload of around 3,500 consumers at any one time. Westbrook provides services for Serious Mental Illness and Substance Abuse Disorders, as well as serving individuals with developmental disabilities and of course, those with dual and multiple diagnoses... including co-occurring MH and SA. Individuals presenting for services within this project are screened as part of coordinated access for housing acuity using the VI-SPDAT and may be diverted and targeted to the appropriate resource, including but not limited to MH services such as counseling, therapy and so on, Clinical services such as medical, psychiatric and psychological services, SA services such as SA counseling, therapy, IOP and so on and Crisis Stabilization (residential) services (for both MH and SA), Crisis services (such as crisis care coordination and commitment) and Detoxification provided by the Amity program and Westbrook’s CSU. These are internal and readily available programs.

Along with Westbrook, there are a number of service providers within the area, most of whom also provide services for individuals who meet the definition of “homeless”. Other services provided by other agencies may be accessed as needed to further broaden referral resources. It is important to note that housing is NOT contingent on referrals to services. The local entities are closely aligned with WVCEH and MOV COC has used a “housing first” model for many years.

Westbrook, as an agency, engages in many EBP and these practices are applied to any individual who seeks services at Westbrook. Training for PATH-funded staff includes but is not limited to the basic trainings required of all Westbrook employees, regardless of whether or not they are involved in HUD programs and other training protocols required specifically by role. Examples of basic trainings include: CPR/First Aid, Crisis Intervention, Documentation, Trauma-informed Care, Ethics, Cultural Competency and others. Internally funded MRC and other EBP trainings are also provided. In general, payment for newer training requirements rests with the state and other agencies such as SOAR. Westbrook’s PATH staff have been trained in Trauma-Informed Care, SPDAT, SOAR and Cultural Competency as a result of assistance from the state and technical assistance from HUD and have been trained in MRC internally. The local MOV COC looked at the 100k Homes protocol and a group spun off to embrace that initiative. When it was met, the initiative changed to Zero 2016, which is a Chronic and Veteran homelessness initiative. This initiative will end in 2016 and likely be replaced by another. The local spun off group has become an entity of its own and provides the acuity rating review for the MOV COC. The local group (MOV 2016) sits on the MOV COC as members.

Data

HMIS integration has been dependent on a new HMIS system, WVCEH training opportunities, system availability and staffing availability. This has been an on-going project between the state and WVCEH as the Balance of State COC. The system is now in place; however, as with any new system, adjustments are being made. PATH staff have been trained in HMIS and currently enter into the system. PATH staff also enter into the PBX system and provide reports from these systems to the state in keeping with requirements for Statements of Work. Entry into HMIS will continue and as changes occur, staff will be trained and supported.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Training for SOAR is under the purview of the state SOAR lead, WVCEH.

- a. 2013 training in SOAR: Westbrook trained staff in SOAR in 2013. WVCEH trained five (5) Westbrook homeless services staff, including PATH-funded staff, and a number of other staff in SOAR. All PATH staff have been trained in the SOAR protocol. Those staff have not changed.
- b. Consumers assisted using SOAR: Westbrook PATH staff have not assisted consumers using SOAR for this year; however, a number of consumers have been assisted with application for SSI/SSDI outside of the SOAR protocol by other staff. Westbrook intends to use the SOAR protocol as appropriate and is currently attempting to revitalize this worthwhile protocol.

- c. 2014 training in SOAR: Since SOAR training does not necessarily need to be repeated with the same staff, there is no intention of training homeless services staff again unless staff members leave and need to be replaced or it is determined to provide a refresher. Westbrook is committed to use of SOAR protocols and will be affording the training to staff as determined proper. Upon replacement of the vacant PATH part-time position, training will be provided to that individual as well.

Housing

Current projects to address housing include, but are not limited to:

1. Westbrook's PATH and HUD Housing staff are regularly involved in attempting to secure housing availability. This is an on-going activity.
2. The local Zero 2016 initiative is considering finding ways through interactions with faith-based entities to fund housing. This is a new project and one that is being entered carefully.
3. Westbrook collaborates with the state of WV to provide 3 transitional housing programs for women, two of which are for women and their children with SA problems and is currently involved in attempting to secure more grant funding to expand this program.
4. Westbrook collaborates with HUD to provide a transitional supportive housing program in Jackson County, WV (a congregate living home for males and 2 Family transitional homes);
5. Westbrook collaborates directly with Westland Adams, a HUD permanent housing program (Adams Apartments);
6. Westbrook collaborates with HUD, the Parkersburg Housing Authority and WV Legal Aid with respect to 11 permanent supportive housing homes in the Parkersburg area.
7. Westbrook collaborates with HUD and others for the new 5 unit permanent housing program for individuals who are chronically homeless. This is a recently funded program.
8. Westbrook partnered with the WV Mental Health Consumer's Association for Rapid Re-housing in Northern Counties of WV. This project has closed. Westbrook collaborated with WVCEH in 2014 for a rapid-re-housing program and intends to look into continuing that relationship;
9. Westbrook maintains two apartments which are used for short term crisis housing in the Wood County area;
10. Westbrook works cooperatively with a number of other similar kinds of programs such as those listed above, such as: Integrated Behavioral Health has a permanent housing project for consumers who are homeless under HUD and other similar programs are in various stages of development; PSI Inc. provides a transitional housing program; PSI provided a Drop In Center at

Westbrook in 2005. The program was moved to PSI facilities and then, about a year later, moved to facilities provided by Integrated Behavioral Health. It has recently been moved to PSI facilities and, unless funding can be accessed, will close. The Parkersburg Housing Authority provides for Section 8 and related housing services for individuals; House-to-Home provides a Drop-in Center in central Parkersburg; Westbrook provides a Drop-in Center for individuals under the Hartley Initiative in two counties, Wood and Jackson.

11. Westbrook is looking into a VA Transitional Housing program, which has just been released.

Staff Information

Westbrook Health Services, Inc. staff follow the demographics of the general population in the area.

- a. Staff working in the PATH program are white and Appalachian in culture.
- b. Westbrook's staff serve a focus population of almost entirely white individuals with similar cultural backgrounds to Westbrook's staff; however, from time-to-time, a non-white individual or one having a different cultural background appears needing services. In keeping with Cultural Competency, staff meet the individuals "where they are and how they are" and avoid issues with respect to racial, ethnic and cultural norms.
- c. If the individual is in need of culturally significant assistance, such assistance is sought if it is available. One example is if a limited English speaker seeks PATH services, he/she will be afforded access to translators or other similar assistance if needed. Health disparities such as greater incidences of various diseases in one ethnic / racial / cultural subgroup versus another and others are addressed as they surface. Since the population is primarily white and mostly the same ethnic group and Appalachian in culture, there is less health disparity from consumer to consumer in this region than in other, more diverse population centers. LGBT Individuals are afforded the same level of services as non-LGBT individuals. Since individuals with ethnic/racial/cultural diversity are more uncommon, staff can more easily target if an individual is at greater risk of reduced access, service use and outcomes. By and large, Westbrook consumers are all offered the same level of assistance by assuring that needed services are made available to all individuals in keeping with Westbrook's non-discrimination policy, which covers all of Westbrook and those who are not part of the greater population gain the same access, service and outcomes as others.
- d. Westbrook provides training for staff with respect to cultural competency and diversity to assure that cultural competence and health disparity is kept forefront in the minds of PATH staff. This training is provided periodically, in keeping with maintaining culturally competent staff and to support staff working with all consumers to assure that they are sensitive to racial/ethnic differences and other differences such as age, gender and so on.

Client Information

Projected # of adult clients to be contacted: 350

Projected # of adult clients to be enrolled: 213

% of adult clients to be literally homeless: 60%

The service area of Westbrook Health Services includes Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood.

COUNTY	POPULATION
Calhoun	7,564
Jackson	29,178
Pleasants	7,577
Ritchie	10,073
Roane	14,656
Tyler	8,995
Wirt	5,901
Wood	86,569
TOTAL	170,513

Census Estimate 2014

163,476 of West Virginian's are veterans (American Community Survey). The Census estimate in 2013 indicated that the majority of individuals in WV (94%) are white. This leaves 6% minorities. Approximately 358,000 individuals in WV aged five and up have a disability (about 20.9% of the total population) and approximately, 95.9% of the population with a disability is white.

West Virginia is the only state in the nation situated entirely within federally-designated Appalachia (and Region 3 is part of that). Knowledge of this culture and all other individuals presenting with disparate cultures, ethnicities, languages and so on comes into play when providing treatment and selecting practice modes for staff, including evidence-based practices

(EBP). Interventions that are developed with consideration for Appalachian culture, values, language, and behaviors have been most successful with this population (CDC, 2004). Most individuals in the state speak English (97.7% Census 2010), yet some still struggle to read beyond a 4th grade level (Literacy levels in WV). Minorities are limited (see above) and the incidence of minority cultures is similar statewide and in Region 3. In keeping with Culturally and Linguistically Appropriate Services (CLAS) standards, Westbrook provides culturally competent services to individuals of all cultures. (<http://www.ThinkCulturalHealth.hhs.gov>).

In Region 3, the entire region lies within impoverished counties with over 20% of the population at or below the Federal Poverty Level (FPL), and recently (because of the economic down turn), have some of the lowest incomes and highest unemployment rates in the nation. For example, the median household income in Roane County (\$24,511) is about 58% of national levels. For Region 3, accomplishment of higher education is less than 10%, which influences socioeconomic status.

Westbrook Health Services provided comprehensive services to just under 9,000 unduplicated consumers with an on-going case load of about 3,500 individuals being served at any one time across the service area (2014, Westbrook Statistics). The actual number of individuals being served in Wood County may include individuals from Jackson, Pleasants and Wirt Counties because these counties are contiguous with Wood. At Westbrook, about eighty four percent (84%) of individuals served do not have private insurance but are able to access some funding resources from a variety of federal, state and philanthropic sources. Twelve percent of individuals with dual diagnoses of SMI and SA are uninsured, and 4% of persons with substance abuse diagnoses are uninsured. Approximately 7.5% of consumers are funded through private pay, insurance or other resources. The bulk of Westbrook's consumers receive funding through Medicaid, Medicare and other government resources (2013, Westbrook statistics).

Westbrook does not 'enroll' individuals in the PATH program. Westbrook projects that approximately 350 individuals will be contacted by general outreach that may not rise to the level of "engagement". Westbrook projects between 200 and 225 of contacted individuals will be linked into some kinds of services during the project year. A maximum of 200 individuals will be engaged by the Engagement Specialist. Westbrook expects 60% of consumers to be served by the PATH funds to be "literally homeless"; i.e., living in shelters or on the streets, as opposed to those at imminent risk of homelessness. Westbrook notes that the number of individuals to be served may be diverted by "Rapid Re-housing" type programs, if such programs are put in place.

Consumer Involvement

Individuals (and/or their families) who are homeless and have serious mental illnesses have input into the system, which may include but is not limited to planning, implementation and evaluation

of PATH-funded services. The Continuum of Care meetings, which include the PATH providers, are always open to the homeless and, while they generally do not attend, homeless individuals DO come to meetings from time-to-time. They are always welcome and they continue to be invited. Consumers in the transitional and permanent housing programs are excellent advocates for their needs and their input is sought by staff and the information is brought to the table and changes may be made to programs as a result. Individuals who were PATH-Eligible have moved on with their lives and some have been employed by Westbrook. Many times, especially with respect to the annual PIT Count and “registry week”, such individuals serve as volunteers. Individuals with disabilities or families of those with disabilities are represented on Westbrook’s Board of Directors and Westbrook’s Human Rights Committee.

Budget Narrative

See WebbGas Attachment

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	An individual who lacks housing (without regard to whether the individual is a member of the family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.
Imminent Risk of Becoming Homeless:	Includes individuals living in doubled-up living arrangements where the individual's name is not on the lease, individuals living in a condemned building without a place to move, individuals having arrears in rent/utility payments, individuals receiving an eviction notice without a place to move, individuals living in temporary or transitional housing that carries time limits, and/or individuals being discharged from a health care or criminal justice institution without a place to live.
Serious Mental Illness:	Individuals ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in a functional impairment that substantially interferes with or limits major life activities.
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	Individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.
Footnotes:	

III. State Level Information

B. Veterans

Narrative Question:

Describe how the state gives special consideration in awarding PATH funds to entities with a demonstrated effectiveness in serving veterans experiencing homelessness.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Veterans

BBHHF prioritizes the needs of Veterans when awarding PATH funds. Grantees that demonstrate effectiveness and experience in serving veterans experiencing homelessness are given special consideration during the competitive funding and application review process. Veterans are also identified as a priority population in all PATH grantee statements of work.

Given the relatively high veteran population in West Virginia, providers were aware early on of the need to target resources toward veteran issues, and implemented various types of housing and services for the homeless veteran population in tandem with many other housing types and service modes. There are approximately 167,200 veterans living in West Virginia and over 5,100 active duty service members and dependents have been deployed to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) since 9/11. Some relevant statistics include:

- Nearly 16% of unsheltered individuals experiencing homelessness in WV are veterans.
- 33.2% of WV veterans have a disability, compared to 26.2% of veterans nationally.
- Over 40% of unsheltered veterans reported being diagnosed with an addiction to alcohol or drugs and 41.2% of unsheltered veterans reported being diagnosed with a mental illness.
- Over 20% of the servicemen in WV who received behavioral health services in 2010 were between the ages of 26-34 years old.
- 18.5% of US service members who have returned from Afghanistan and Iraq had Post-traumatic stress disorder or depression.
- Almost 50% of the servicemen who received behavioral health services were treated for substance abuse disorders and nearly 40% were treated for co-occurring issues.



West Virginia continues to be a part of SAMHSA's Military Families Strategic Initiative, Service Systems Development Program (SSSDP). SAMHSA invited twelve (12) policy makers to participate in the 2011 Service Member, Veterans and Their Families (SMVF) Policy

Academy. This policy academy presented the opportunity for states to strengthen their behavioral health care systems and services for service members, veterans, and their families through on and off-site technical assistance. The academy provided forums for our state to consider existing policies, resources and infrastructure, influence the responsiveness, effectiveness and accessibility of services, and to explore ways to improve the system.

BBHFF has partnered with the West Virginia National Guard and other state entities that work with veterans to create a strategic plan addressing the needs of veterans. Many focus workgroups were formed from the larger policy group. One of the workgroups formed is to focus on veterans experiencing homelessness. Discussions are being held in regard to access to services and issues homeless veterans are facing and will face once service member return to their homes.

The Charleston and Huntington Continuums of Care are also entering into their fifth year of the Supportive Services for Veterans Families Grant. (SSVF) These CoC's partnered on this grant which is similar to the Homelessness Prevention and Rapid Rehousing (HPRP) HUD grant, but is a VA grant specifically geared toward preventing homelessness and permanently housing Veteran individuals and families.

Roark-Sullivan Lifeway Center has subcontracted with Cabell-Wayne Information and Referral and Legal Aid of West Virginia to implement the Supportive Services for Veteran Families (SSVF) program. Per the SSVF Program, a "Veteran" is defined as a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

Roark Sullivan Lifeway Center (RSLC) also operates a veterans program that is comprised of 27 units of transitional housing; 12 single room occupancies and 15 dorm style accommodations. The transitional housing program is geared to support single men who are experiencing homelessness and are veterans. This program provides housing and case management support for up to two years to assist men in the program to work towards self-sufficiency and community living. The service center is available for all Veterans in the community; whether homeless or not. A variety of services and classes are offered; along with individualized case management support RSLC also opened a 10 bed transitional living facility for veterans in downtown Charleston in August of 2012. A case manager is on site from 8:30 am until 4:30pm and a house manager is on site at other times providing supervision for the facility around the clock. The veterans work toward self-sufficiency and community living with support and case management.

To receive supportive services under this program, participant(s) must be:

- A.** A member of a Veteran family: A Veteran family is defined as a single person or a family in which the head of household or the spouse of the head of household is a Veteran.
- B.** Very low-income: Your household income does not exceed 50% of area median income.
- C.** "Occupying Permanent Housing:" You either (i) are residing in permanent housing; (ii) are homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing;

or, (iii) have exited permanent housing within the previous 90 days to seek other housing that is responsive to your needs and preferences.

The WV Coalition to End Homelessness works closely with providers of Health Care for Homeless Veterans, Transitional Grant and Per Diem, and HUD VASH providers in our area. Providers work closely with each regional Veterans Administration Medical Center and the VA provides both Homeless Liaisons and HUD VASH Personnel to assist homeless veterans with various types of housing, case management, treatment, and work readiness options.

WVCEH also currently works with several entities to solve veteran homelessness, including:

- All VA Homeless Liaisons and VA Medical Centers in the Balance of State Continuum of Care.
- All VA Grant and Per Diem (GPD) and Health Care for Homeless Veteran (HCHV) Service Providers in the Balance of State Continuum of Care.
- All Housing Authorities providing HUD VASH vouchers and their associated HUD VASH Coordinators in the Balance of State.
- All VA Domiciliary Bed Providers in the Balance of State Continuum of Care.
- Current Supportive Services for Veteran Families (SSVF) Providers in the State, and those who have applied for SSVF funds.

While all CoCs in the West Virginia take the ending of Veteran Homelessness very seriously, we have the advantage, as a state, of the majority of services for Veteran Homelessness having already been woven into the fabric of HUD and other homeless service provision in West Virginia. WVCEH is currently working directly with the various VA programs to expand and improve their services to homeless veterans.

Additional examples of innovative programs reaching SMVF include the partnership with SAMHSA, CADCA and local providers to provide match funding for 3 VETCORPS positions, working in coordination with prevention organizations to provide outreach to SMVF in Regions 2, 5 & 6. A health literacy program was piloted in Region 4 to distribute family health information workbooks to SMVF.

Finally, BBHMF maintains a partnership with SAMHSA, CADCA and local providers to provide match funding for 3 VETCORPS positions, working in coordination with prevention organizations to provide outreach to veterans in Regions 2, 5 & 6. A health literacy program was piloted in Region 4 to distribute family health information workbooks to veterans.

III. State Level Information

C. Recovery Support

Narrative Question:

Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Recovery Support

BBHMF has dedicated an entire office, the office of Consumer Affairs and Community Outreach (CACO) to the development of recovery supports and a recovery oriented system of care. This office provides training, advocacy and support for consumers and their families, referrals for treatment, handles consumer grievances and complaints, and promotes recovery support services statewide. In addition, CACO offers technical assistance to community non-profit agencies and serves as a link for consumers and family members to connect to treatment and recovery providers statewide. All of these efforts emphasize recovery, consumer choice, and advocacy.

One particularly relevant example of BBHMF's work to bring promote recovery in homeless services is CACO's five-day Connecticut Community for Addiction Recovery (CCAR) Recovery Coach training of 16 staff employed by homeless service providers in the Kanawha County area in 2103. CACO offers additional trainings such as the Recovery Coach Academy and Mental Health First Aid on an ongoing basis. These trainings are helping to build an infrastructure of peers to mentor and support consumers quest for recovery from mental health and/or substance use, misuse and abuse disorders.

Additionally, CACO offers support for and coordination of PATH meetings, including logistics and content planning. This may include planning for and facilitating of the annual PATH retreat. A consumer representative from CACO also has participated in PATH grantee site reviews and program reviews. This individual was formerly a PATH provider and has good insight into the roles and responsibilities of the PATH program.

BBHMF is currently advancing several recovery support initiatives across West Virginia. BBHMF is in the process of developing a statewide certification process for Peer and Community Support. Kanawha Valley Community and Technical College (KVCTC) also collaborates with BBHMF in delivery of a certificate program for Peer Support Specialists which has allowed individuals to gain skills and specialized expertise to work with people in recovery from mental illness and addiction.

Wellness, Recovery, Action Planning (WRAP) is being expanded to help consumers develop self-advocacy skills, with an emphasis on the development of a personal wellness plan and specific instructions as to how they wish to be handled in the event of a mental health crisis. BBHMF employs a train the trainer approach to allow for greater access statewide, as one of the staff is a trained WRAP instructor.

The West Virginia Leadership Academy, which provides leadership development training for consumers and families, is now under the oversight of the state's West Virginia Behavioral Health Planning Council (WVBHPC) This allows the state to build on the number of consumers and family members who are actively involved in the direction of behavioral health services by providing them with skills they need to actively participate in and facilitate public forums, educate legislators regarding policy issues and to become more knowledgeable about behavioral health issues in order to receive a higher quality of care from providers.

BBHMF successfully applied for a Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy Award to “help prepare people with mental health and substance use issues improve their access to integrated health care by services.” In response to this award, BBHMF developed guidelines for and implementing a peer certification; expanding funding and realigning current resources to support the integration of peers into the healthcare workforce; cross training peers as WRAP facilitators, peer support specialists, recovery coaches, and in Whole Health Action Management (WHAM); Training Peer Health Integrators (PHIs) to prepare peers for expanded access to insurance coverage brought about by the ACA/healthcare reform; piloting technology kiosks in various environments to support and promote self-direction, health promotion, and wellness; and organizing a unified statewide peer network. As a result of these initiatives PATH consumers will have more access to peer recovery supports and mentoring.

Because of its participation in the BRSS TACS Policy Academy, the WV BRSS TACS Team has been able to advance recovery in West Virginia via developing a protocol for the implementation of a peer certification in the state, educating and securing support from the WV Bureau for Medical Services for Medicaid reimbursement of peer support services, and establishing a peer run decision support center to help people with behavioral health challenges have more meaningful conversations with their healthcare providers in regard to what best helps their recovery.

Utilizing the diverse membership of the WV BRSS TACS Team and other stakeholders, the BBHMF advanced the concept of peer certification into a set of guidelines and policies that are now awaiting implementation. The peer workforce in WV has grown as a result of the BRSS TACS Policy Academy, through raising awareness of the benefits of recovery support services, the outreach conducted to peers, providers, and other stakeholders, and promotion of skills training for peers, as well as ongoing encouragement of continuing workforce development and education. Then list of potential employers for peers trained in recovery support services have expanded beyond traditional behavioral health providers and now include homeless shelters, fellowship homes, community centers, and faith-based organizations. The natural next step of certification and workforce development activities will both support the growth and expansion of recovery support services and increase the availability of peer delivered services.

BBHMF as the state designated substance use and mental health authority in West Virginia is continually working toward increasing the recovery orientation of the service system and integrating peer delivered services into the traditional service system. West Virginia has trained over 250 recovery coaches during the last two years and provides over \$1,000,000 in funding a year to ensure that these trained peers are available in the community. Recovery Coaches are now available in a variety of community settings, including community centers, drop-in centers, homeless shelters, and behavioral health service provider agencies. The availability of trained, qualified peers has increased the interest of communities to include peers in the workforce and has raised awareness of the value of peer delivered recovery support services.

BBHMF continues to use Mental Health Block Grant funding to support the operational expenses of the WVBHPC. The WVBHPC maintains at least 51% consumer membership and provides input and recommendations to the BBHMF on issues facing consumers with mental health

problems. WVBHPC members regularly provide input to BBHMF staff on the PATH program and participate in the review of grantee applications during the funding announcement process.

The mission of the WVBHPC is to improve the mental health service system and function as a catalyst for change. The Council is federally mandated to review and comment on the State mental health plan, monitor, review, and evaluate allocation and adequacy of mental health block grant services, and advocate for services for individuals with mental illness and co-occurring substance abuse issues.

The WVBHPC is comprised of consumers, families, and representatives of mental health and substance abuse providers, and key state entities including the West Virginia Department of Education, West Virginia Behavioral Health Provider Association, West Virginia Coalition to End Homelessness, the West Virginia Council for the Prevention of Suicide, Department of Juvenile Service, Department of Corrections, Bureau for Medical Services, Bureau for Children and Families, West Virginia Housing Development Authority and the Department of Rehabilitation Services.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Alignment With PATH Goals

BBHMF ensures services provided using PATH funds will target street outreach and case management as priority services through our funding, statement of work, and grant agreement process. When applying for funding, potential PATH grantees offer assurances, as per the funding announcement, that they will emphasize street outreach and case management in their service provision. In each grantee's statement of work, street outreach and case management are identified as priority services and each grantee agrees to the provision of these services when signing the formal grant agreement. Adults who are literally and chronically homeless are identified as the priority population to be served during this process.

All of the current PATH providers engage persons through contact with them in their current environment, including contact with individuals living on the street. An important element in the services of the current providers is the provision of case management or community engagement. Providers seek to identify the comprehensive needs of individuals they engage and to assure that these needs are met.

Disaster Preparedness and Emergency Planning

BBHMF is an integral part of West Virginia's Disaster Preparedness and Emergency Planning, with the State Disaster Behavioral Health Coordinator who is housed in the Consumer Affairs and Community Outreach section of BBHMF. In 2013 the State Disaster Behavioral Health Coordinator gave a presentation at the annual PATH Retreat hosted by the State PATH Contact (SPC) and BBHMF on personal emergency preparedness and Continuity of Operations Planning (COOP). The PATH providers receive information from the SPC on emergency assistance during cold weather, flooding and any other information that the State Disaster Behavioral Health Coordinator feels is important to be disseminated to the PATH providers in order for them to share this information with persons experiencing homelessness and other agencies they may come in contact with as a result of their outreach efforts in their respective geographic areas of service. The SPC strongly encourages PATH providers to form relationships and to be a part of disaster preparedness and emergency planning in their area. Future planning will entail more collaboration between the SPC and the State Disaster Behavioral Health Coordinator in order to ensure persons experiencing homelessness have better access to services and information when a disaster or emergency affects the state or local areas within our state.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Alignment With The State Comprehensive Mental Health Services Plan

BBHMF operates under the auspices of the West Virginia Department of Health and Human Resources and provides funding for community-based services for persons with behavioral health needs, including those who are either underinsured or uninsured. BBHMF also administers statutory and court ordered funds to decrease state hospital admissions, maintain individuals in the community and improve the quality of their lives.

Within the BBHMF there are three interrelated sections: Operations; Programs and Policy; and Finance and Technology. The Operations section provides oversight and coordination of planning, development, funding, and monitoring of two state-operated psychiatric hospitals for adults, four long-term care facilities, and one acute care facility, and provides oversight of human resources and monitoring and compliance functions. The Programs and Policy section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. This section also oversees the development and implementation of intellectual and developmental disabilities services and supports. The Finance and Technology Section provides fiscal management and technology and systems functions development, oversight and support.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the BBHMF is to provide leadership in the administration, integration and coordination of the public behavioral health system. Leadership must be integrity-based and flexible enough to respond to change that is guided by individuals, families and communities. Inclusion of consumer voice in all aspects of programming is a core value.

The Programs team “envision[s] a community that values and respects people and is responsive to their individual needs, wants and desires for the enrichment of their lives.” The Programs and Policy section is comprised of two offices, the Office of Programs and Policy and the Office of Consumer Affairs and Community Outreach. The Office of Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health and the Division of Intellectual and Developmental Disabilities. The reorganization also established the Office of Consumer Affairs and Community Outreach to promote increased consumer and family involvement in behavioral health service planning and delivery. All division directors and their staff have significant education and real world experience supporting the provision of technical assistance and modeling best practice.

The Division of Adult Behavioral Health is designated as the Single State Authority for Adult Mental Health and thereby assures and provides access to services and supports to meet the

mental health and co-occurring needs of adults and transitional age youth, enabling them to live, learn, work and participate actively in their communities. The Division's priorities include development and expansion of peer and family supports, the West Virginia Leadership Academy, recovery education, housing and homeless outreach to people with mental health issues and co-occurring addictions, and coordination and delivery of services for returning veterans and their families, integrated primary care and mental health services, and operational support for the West Virginia Behavioral Health Planning Council. Children and Adult Services are separately developed, identified and tracked in accordance with block grant requirements.

PATH planning is integrated with BBHMF planning and planning for the Community Mental Health Services Block Grant. The West Virginia Behavioral Health Planning Council assures that some of the individuals reviewing the Community Mental Health Services Block Grant also review the PATH grant application, assist in developing the PATH Grant Announcement of Funding Availability, and review applications for PATH grantee funding.

Many positive changes have been made in West Virginia's behavioral health system over the past several years. Infrastructure development, integrated planning and partnership expansion have been cited as key successes resulting in BBHMF's ability to: make better, data informed decisions for allocation and monitoring of the behavioral health system; improve the quality of service provision by educating providers, key stakeholders and communities; and, incorporate the consumer voice in the planning, implementation and evaluation of services.

Currently, West Virginia's priorities address the following critical areas:

- Assessing and improving access to services;
- Provision of primary prevention/promotion activities/services;
- Development of recovery focused service options;
- Provision of public awareness and professional education opportunities;
- Improved coordination of continuum services;
- Funding of specialized services for priority populations; and,
- Effective implementation and compliance with underage tobacco sales.

This approach is consistent with the State Plan for recovery-oriented, person- centered, community-based treatment, with the goal of supporting people in their recovery from serious mental illness and co-occurring mental and substance use disorders. Given that West Virginia is a minimum level PATH state; these funds are complementary to the overall West Virginia system of care, and the leverage they provide are essential in promoting recovery and community integration.

The State Plan seeks transformation of the system of care and the West Virginia PATH Program has been a foremost leader in this area. The very tenets of PATH services embrace consumer involvement, trauma informed service provision, integrated physical and mental health services and elimination of disparities.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing their emergency response plans.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Alignment With State Plan to End Homelessness

In 2004, a team of interagency stakeholders was appointed and received technical assistance from HUD to devise an overall state work plan to address homeless issues. The result was a 10-year Plan to End Homelessness in West Virginia. The plan was submitted to the United States Interagency Council on Homelessness and approved in 2004. The Action Plan focuses on three distinct outcomes: 1) Increased access by people experiencing homelessness to mainstream services, including behavioral health, substance abuse treatment, health care services, and affordable housing; 2) enhanced linkages between social, supportive, treatment, housing, and other services to better coordinate and ensure efficient/effective delivery of services; and, 3) development of prevention strategies to keep people from becoming homeless.

The Governor of West Virginia issued Executive Order 9-13 on November 27, 2013 reactivating the West Virginia Interagency Council on Homelessness. The Council is chaired by the Commissioner of the Bureau for Behavioral Health and Health Facilities and is comprised of the following additional seven members: The Governor or his designee; The Commissioner of the West Virginia Department of Health and Human Resources, Bureau for Children and Families, or designee; The Secretary of the West Virginia Department of Veterans' Assistance, or designee; The Superintendent of the West Virginia Department of Education, or designee; The Executive Director of the West Virginia Housing Development Fund, or designee; The Secretary of the West Virginia Department of Military Affairs and Public Safety, or designee; and, A representative from the Office of Economic Opportunity.

According to Governor Tomblin's announcement issued with Executive Order 9-13 "the Council will develop and implement a plan to prevent and end homelessness in the State of West Virginia—including evidence-based improvements to programs and policies to ensure services and housing are provided in an efficient, cost effective, and productive manner. The Council will also develop recommendations and strategies, oversee the implementation of the plan to ensure accountability and consistent results, as well as identify and maximize the leveraging of resources to improve the system of services for people who are homeless or at risk of becoming homeless."

Executive Order 9-13, subsection 5(a) requires the Interagency Council to "develop a plan to prevent and end homelessness in West Virginia including evidence-based improvements to programs and policies that will ensure services and housing are provided in an efficient, cost-effective, and productive manner.

Executive Order 9-13, subsection 5(b) requires the Interagency Council to "develop recommendations to (i) expand and maximize housing resources;(ii) Increase access to mainstream state and federal social service resources such as Temporary Assistance to needy Families (TANF), Social Security Income (SSI), and veterans benefits; (iii) expand and maximize service resources, such as mental health and substance abuse services; (iv) improve cross system policies and procedures through system integration, streamlined application and eligibility processes, and improved outreach; and, (v) ensure persons in state institutions have access to services that will help prevent homelessness upon their discharge."

According to the Governor's announcement, the Council will be supported by a workgroup to assist it in its duties and make recommendations to the Governor. Executive Order 9-13, subsection 6 requires the Interagency Council to "[appoint] a work group to assist in its duties and make recommendations about its work. The work group shall report its activities and recommendations to the Council. The work group may be comprised of state agency staff, representatives of the state's continuum of care organizations, a statewide homeless advocacy group, and other public and private entities as determined by the Council. The work group shall also assist the Council in reaching out to local communities regarding the state's plan to prevent and end homelessness."

In February 2014 the revitalized West Virginia Interagency Council on Homelessness held its kickoff meeting. Council members reviewed their charge as outlined by Executive Order 9-13. The work of the prior council was reviewed along with the Federal Strategic Plan to End Homelessness *Opening Doors*.

Subsequent meetings focused on the development of the Work Group/subcommittee composition based on a population focus. In June 2014 WVICH hosted a two-retreat with all subcommittee members. On the first day of the retreat, US Interagency Council on Homelessness (USICH) Regional Coordinator Amy Sawyer presented on the goals and themes of *Opening Doors* as well as the work and roles of USICH and state councils. Background information on the Continuum of Care, HMIS, and Emergency Shelter System were also presented. The second day of the retreat focused on the work of state agencies and the homeless services they provide. Through a facilitated discussion participants articulated their values and the Council and subcommittee members agreed to adopt the six USICH goals with additions. In population focus subcommittees, participants then completed a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) of homeless system and services in West Virginia.

The Council and subcommittees met again in September 2014. During this meeting participants reviewed criteria for the population focus subcommittee report sections. Participations also developed online survey questions to gather input from the WV Housing Conference attendees and general public pertaining to homeless services in West Virginia. (To date 167 responses have been received from the online public survey; plus 36 members of WVICH and subcommittees have responded.) Participants received a presentation from Jane Vincent, Regional Administrator, HUD. In November 2014, WVICH held a two-day retreat for Council and subcommittee members. During the retreat, subcommittees developed population-focused recommendations and general WVICH themes. Subcommittees have developed and submitted their population-focused report sections with recommendations. Subcommittee members have held additional meetings and conference calls outside of the WVICH-hosted meetings.

Following is a list of WVICH meetings to date:

- February 5, 2014 - Kickoff Meeting
- February 25, 2014 - WVICH Meeting - Subcommittee Group Composition (Population Focus) and Membership; Timeline
- April 8, 2014 - WVICH Meeting – Retreat Planning; Subcommittee Membership

- May 15, 2014 – WVICH Meeting – Retreat Planning; Subcommittee Membership
- June 12, 2014 - WVICH/Subcommittee Retreat – USICH and Provider Presentations; Subcommittee Sessions
- June 25, 2014 - WVICH/Subcommittee Retreat – Provider Presentations; Vision/Values; Subcommittee Session (SWOT)
- August 4, 2014 - WVICH Meeting – Planning Meeting; Revise Timeline
- September 2, 2014 - WVICH/Subcommittee Meeting; Survey Development; Plan for November Retreat; Subcommittee Report Section Criteria; Expand Outreach; HUD Presentation
- November 6-7, 2014 - WVICH/Subcommittee Retreat – Development of subcommittee recommendations and general themes
- December 17, 2014 – WVICH Meeting – finalize recommendations/year-end report

The West Virginia Interagency Council on Homelessness adopted the six core values and six key principles identified in the United States Interagency Council on Homelessness *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness 2010*:

Values

- Homelessness is unacceptable
- There are no “homeless people” but rather people who have lost their homes who deserve to be treated with dignity and respect.
- Homelessness is expensive; it is better to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- Homelessness can be prevented.
- There is strength in collaboration and WVICH can make a difference.

Principles

- Collaborative
- Solutions-driven and evidence-based
- Cost-effective
- Implementable and user-friendly
- Lasting and scalable: and
- Measurable, with clear outcomes and accountability

To further expand on the values and principles identified in *Opening Doors*, WVICH members determined that solutions must be:

Accessible:

- Solutions must be accessible to everyone regardless of why a person is homeless
- Clearinghouse of services

Focused on the Individual (Consumer-Driven):

- Consumer is the driving force in the system
- Hand up vs hand out concept – many lack basic life skills; need to help with other skills (fostering independence)

- Wraparound services

Data Driven (Measurable):

- Uniform definitions, discharge planning, etc.
- Focus on what is homelessness (definition)

Respectful/Trauma Informed:

- Must address the societal stereotype that persons who are homeless lack worth and motivation. These stereotypes contribute to the mental health issues faced by persons who are homeless. (Reduce stereotypes)
- Must take a holistic approach and consider the needs of the individual and family

Cost Effective:

- Cost effective – redistribute resources toward prevention/reduction of homelessness
- Bricks/mortar isn't the only answers; individualized supports are necessary

Collaborative:

- Need to look at systems coordination; more discharge planning
- Give community autonomy to work out solutions, but also have a coordinated effort in our systems
- Systems alignment – principles, definitions, outcomes, etc.
- Coordinated intake and assessment
- Coordinated multi-disciplinary practices are effective / need everyone there and make sure linkages are there
- Leave the territorialism at the door

Outcomes Driven:

- Need long term stable environments; permanent housing stability/stable families
- Need to take a long term approach (homelessness will not be solved tomorrow)
- Salt Lake City and Phoenix are examples of elimination of homelessness
- Housing First Model – wraparound services; work on building services /need to have the resources; no preconditions on housing
- Recovery model
- If sum total of units is less than what you need, than you can't fix homelessness; you can't fully fund homelessness on one-side and reduce affordable housing on the other side [Needs addressed in the plan]
- Must address WV's transient population

The US Interagency Council on Homelessness focused on specific populations in *Opening Doors*. The WVICH took a similar population-focused approach, but modified its subcommittees based on specific needs in West Virginia.

The Work Group has been divided into 7 subcommittees (with no more than 5 members each, supported by additional resource consultants) for the following populations and areas:

- (1) Chronically Homeless
- (2) Community
- (3) Families
- (4) Veterans
- (5) Youth
- (6) Aged
- (7) Special Populations

PATH Providers are actively involved in the work of the Interagency Council. The West Virginia Interagency Council on Homelessness expects to further develop tasks, strategies, and plans of implementation for their identified short-term, long-term and “bigger than us” recommendations while recognizing the need to establish a system of accountability for existing and new programs and services. The Council will begin its efforts to educate audiences on issues of homelessness and will seek ways to collaborate with existing initiatives such as the Justice Reinvestment Initiative, the Governor’s Advisory Council on Substance Abuse, and the Juvenile Justice Task Force.

The Council also plans to engage WVU School of Public Health and WV Coalition to End Homelessness to expand on their initial research on the cost of homelessness in West Virginia. This one year study will analyze the cost of homelessness to the system and taxpayers in West Virginia and identify best practices and efficacy, including housing first and coordinated access.

The recommendations developed by the West Virginia Interagency Council on Homelessness and subcommittees, along with initial results of the study on homelessness and costs will be included in the *West Virginia Plan to Prevent and End Homelessness* which is expected to be released in July 2015.

Another critical component of PATH alignment with the State plan to end homelessness is the participation of the West Virginia Coalition to End Homelessness. A BBHMF funded agency, the WVCEH is a private non-profit in West Virginia that serves the five basic functions of advocacy, data analysis, technical assistance, mainstream benefits connection, and street outreach to prevent and end homelessness in West Virginia. WVCEH acts as the Lead Agency for the WV Balance of State Continuum of Care (44 counties in West Virginia), and the Homeless Management Information System (HMIS) Lead for the Balance of State Continuum of Care, SOAR State Lead, as well as a PATH Provider in Region 2 and Region 4.

WVCEH strives to impart best practices, and enumerate outcomes, strategies and initiatives that can assist all the Continuums of Care (CoCs) in West Virginia to truly prevent and end homelessness. WVCEH utilizes the best of what can be implemented in the Balance of State Continuum of Care (BoS CoC) and HMIS to the benefit of all the other CoCs in West Virginia. Part of this collaborative effort is the Projects for Assistance in Transition from Homelessness (PATH) Program and its relevant funding. PATH, in many of our communities, acts as the binding factor to usher those individuals and families with the highest barriers and acuity who are experiencing homelessness from the street into safe and stable housing. PATH is currently the only formal type of outreach in West Virginia. Outreach is critical in West Virginia because

of its binding influence in our communities and its potential to act as the first line of contact, coordination, and assessment when realizing positive, stable housing outcomes.

In November of 2012, the National Alliance to End Homelessness facilitated the WV HEARTH Performance Improvement Clinic in West Virginia. Providers from all over West Virginia joined together at the clinic to look at current performance, changes that needed to be made, and laid a strategic framework for making real, lasting improvements toward the goal of ending homelessness in West Virginia. The conclusion of this clinic signified the beginning of several initiatives to improve outcomes in West Virginia and make real and lasting change.

The guiding principles of the West Virginia Coalition to End Homelessness are a transition from:

- Programs to Systems
- Activities to Outcomes.
- Shelter to Prevention.
- Transitioning to Rapidly Re-housing.

PATH plays a critical role in realizing the HEARTH goals of reducing first-time homelessness, reducing the length of time homeless, ending returns to homelessness, increasing the income of those who are homeless and overall reduction in the number of persons homeless. PATH Outreach can help to immediately assess the acuity of individuals on the street before they ever enter the homeless services system in the case of outreach to determine the acuity of individuals and families and ensure that the proper housing and services interventions are brought to bear.

In this way, PATH can assist in creating an efficient, data-informed system that ends and prevents homeless episodes very quickly through assessment, referral, targeted prevention and diversion, and rapid re-housing. This will house the most acute quickly into permanent supportive housing or permanent housing with ongoing supports and case management, target the mid-barrier group for Rapid Re-Housing, and ensure that lower acuity individuals and families are directed toward housing help supports and not toward more resource-intensive interventions such as shelter, transitional, and permanent supportive housing. PATH is critical to getting the most acute, chronic population off the street and into appropriate housing with supports.

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Process for Providing Public Notice

The PATH Grant is made available for public comment through the BBHMF Website and through distribution to the West Virginia Behavioral Health Planning Council before the application is submitted to SAMHSA. Public comments are taken into consideration and may be reflected in changes to the grant. An updated version is posted and distributed if any revisions are required.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organization (i.e., County agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of the use of PATH funds.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Programmatic and Financial Oversight of PATH Programs

Oversight of the PATH Program in West Virginia is the responsibility of the Statewide PATH Coordinator (SPC) who is located in the Division of Adult Mental Health. PATH providers receive annual monitoring visits in addition to any follow-up visits necessary to ensure compliance with Federal PATH guidelines and to ensure the utmost in quality services for consumers participating in the PATH program. Financial oversight is the primary responsibility of BBHMF's Finance Administration section in conjunction with the State PATH Coordinator; matching funds are also verified by this section. Fiscal reports are reviewed at least monthly by program and fiscal staff to verify appropriate invoicing.

SAMHSA has implemented an online system of data collection known as the PATH Data Exchange.(PDX). All PATH providers are currently using this system which allows the SPC to review provider data on a monthly basis which is now required of all WV PATH providers. WV has fully integrated PATH into both the CoC HMIS and into the Statewide HMIS Implementation. All PATH Workers are currently utilizing HMIS well ahead of the 2016 integration target. Each of the 4 Continuums of Care provides regular ongoing training on the appropriate use of the HMIS system. This allows PATH Providers to maximize the use and benefits of the PATH/HMIS integrated system so as to help PATH consumers to access the services and pursue and obtain the permanent housing that is so crucial to their success.

West Virginia's PATH program participated in a SAMHSA site review in late January 2013. We were privileged to host our Federal Project Officer, Maia Banks-Sheetz, the Director of SAMHSA's PATH program Tison Thomas, and Tracie Pogue, Grants Management Specialist who conducted the review. During the review, two PATH providers were visited on-site and the reviewers met with PATH staff and supervisors to observe and monitor the program and to ensure that all PATH requirements were being met. The reviewers also met with a group of consumers in a focus group to learn firsthand about their satisfaction with the services they were receiving from the provider. The fiscal portion of the site review included interviews with BBHMF Fiscal staff as well as the Administrators of both providers

BBHMF staff participated in the entrance and exit conference to explain the structure and operations of the BBHMF, and to show the support the Bureau provides to the Statewide PATH Coordinator and the West Virginia PATH program. The insight and wisdom of the reviewers will be very helpful to our state in providing technical assistance to our PATH providers and to West Virginia's understanding of the roles and responsibilities of the state in relation to the PATH program.

One immediate result of the site review is the completion of a technical assistance application for outreach and case management. Outreach was identified during the site visit as an area that needs

to improve to ensure WV is reaching the maximum amount of consumers that are at risk of or experiencing homelessness. The technical assistance is occurring as of the writing of this application and will be detailed in future applications.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, or other means).

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

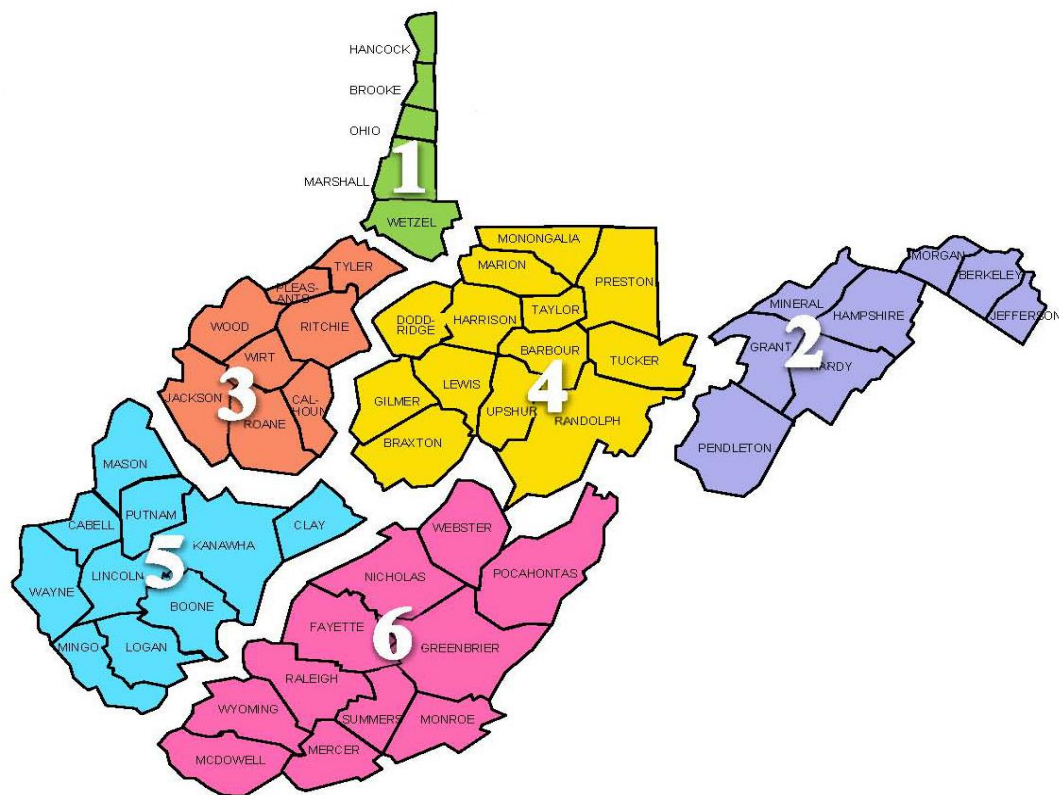
Selection of PATH Local-Area Providers

BBHMF is the state mental health authority in West Virginia and administers the PATH program statewide. BBHMF awards PATH funds to local providers utilizing a public application process through a statewide Announcement of Funding Availability (AFA). An AFA for WV FY 2014 was completed. The AFA was released in October 2013 and funding was awarded in December 2013 to two new agencies to deliver PATH services in State Regions 2 and 4. BBHMF remains excited by this development because this is the first time a PATH provider has served Region 2. This area has suffered an increase in individuals experiencing homelessness which can now be addressed to make an impact on the number of individuals experiencing homelessness.

PATH funds are distributed based proposal reviews which consider the following:

- The greatest concentration of a demonstrated need for services;
- The applicant's capacity and ability to provide required services to people experiencing homelessness with serious mental illness and co-occurring substance abuse issues;
- The applicant's demonstrated effectiveness in serving veterans experiencing homelessness;
- West Virginia Behavioral Health Planning Council recommendations,

Geographic Description of Providers by Region



Region 1

The Greater Wheeling Coalition for the Homeless continues to serve an increasing number of people in the State's Northern Panhandle region, which borders both Ohio and Pennsylvania. The Coalition is an integral member of the community and helps lead the local Continuum of Care. It is located in close proximity to a mental health block grant funded drop-in center operated by the local NAMI Chapter and the Catholic Church, which also provides shelter and food. A centralized location in the downtown area makes services easily accessible. Greater Wheeling has been able to provide additional housing capacity for individuals experiencing homelessness by providing 16 beds for permanent supportive housing. Eleven of the sixteen beds are reserved for the chronically homeless. In addition GWCH has a number of transitional living units available with a maximum length of stay of up to twenty-four months.

Region 2

The Eastern panhandle area, including the city of Martinsburg, is served by The West Virginia Coalition to End Homelessness.(WVCEH) WVCEH serves several roles in the effort to end homelessness in West Virginia. WVCEH has acted as the statewide advocacy body on issues of homelessness since 2003, has acted as the Lead Agency for the 44 counties of the WV Balance of State Continuum of Care since 2005, the Lead HMIS Agency for the Balance of State Continuum of Care since 2010, the SSI/SSDI Outreach, Access, and Recovery (SOAR) State Lead since 2012, and most recently a Project Assistance in Transition from Homelessness (PATH) Outreach Provider for DHHR Regions 2 and 4. WVCEH works to build systems of housing and services throughout the state, utilizing best practices to end homelessness such as housing first, data integration and analysis, coordinated assessment and access, collective impact, and street outreach.

Region 3

Parkersburg is West Virginia's third largest city and also borders southeastern Ohio. The PATH outreach worker is based at a regional comprehensive behavioral health center located in the downtown area, Westbrook Health Services. It is another major city in West Virginia that includes a large number of people experiencing homelessness. Westbrook will continue to concentrate on outreach to the community and state hospitals during the coming fiscal year through their Engagement Specialist, who works in collaboration with member agencies from the Mid-Ohio Valley Continuum of Care on systemically and individually addressing the needs of people in the region who are experiencing homelessness with mental health and addiction issues.

Region 4

Located in Morgantown, WV, The Connecting Link is a private non-profit agency providing emergency financial assistance, information and referral resources, social work budget counseling, homeless collaborative services and PATH outreach within Harrison, Marion, Monongalia, Preston, and Taylor Counties of West Virginia.

The WVCEH will also be providing PATH services in Region 4.

Region 5

The areas of the State which have the greatest population of persons experiencing homelessness are the cities that border other states, Ohio and Kentucky in particular. For this reason, the Huntington area (which borders Ohio and Kentucky) has been funded for an outreach worker who gives particular attention to people staying along the Ohio River. Huntington is West Virginia's second largest city and is a community with strong local supports, including the City Mission, a peer-run Wellness and Recovery center and Recovery Point of West Virginia. Huntington also has a regional comprehensive behavioral health center located in the downtown area. The outreach component is essential in assuring that people are engaged in mental health and substance abuse services. This provider utilizes a very strong continuum of care to approach the issue of homelessness in the area they serve. The expansion of housing opportunities for PATH consumers and the implementation of a "Housing First" philosophy and program enable PATH to respond to the needs of individuals experiencing homelessness in their area.

In addition, this provider has been funded for an additional outreach worker to work in Lincoln and Mason Counties, which should result in more services being provided for individuals in those counties which may not currently be able to access services or not be able to be reached due to the current need for homeless individuals in and around the primary service area of Huntington.

The greatest demonstrated need for services is the metro Charleston area, which is both the state capitol and largest city in West Virginia. Funding is designated to Roark-Sullivan Lifeway Center, which, among many other things, serves as a men's shelter. The program also serves women and children through its partnership with a sister agency's family shelter, YWCA Sojourner's. Roark-Sullivan also operates a safe-haven facility in a neighboring town (St. Albans) and serves a large number of people experiencing homelessness in the region. PATH dollars are coupled with Community Mental Health Services Block Grant funding to provide aftercare services to help people to remain in stable housing after transitioning from homelessness.

Region 6

The Pinehaven Homeless Shelter, operated by Raleigh County Community Action Association, (RCCAA) is located in Beckley, an area with an extensive rural population in the southern part of West Virginia. It is the eighth largest city in West Virginia. The location, size and structure of the building make it possible for the shelter to accept referrals from other homeless service providers around the state and the two State Psychiatric Hospitals, which is a significant reason that so many people continue to be served by Pinehaven with PATH dollars. RCCAA uses "in reach" to assess their population for PATH eligibility due to the fact that their shelter is full nearly 100% of the time and also that they receive referrals statewide rather than just a localized area. RCCAA is planning on incorporating more outreach into their program. The Adult Mental Health Division is planning to offer technical assistance to RCCAA on the subject of outreach to maximize the impact that PATH can offer to persons experiencing homelessness in this area of the state.

III. State Level Information

J. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

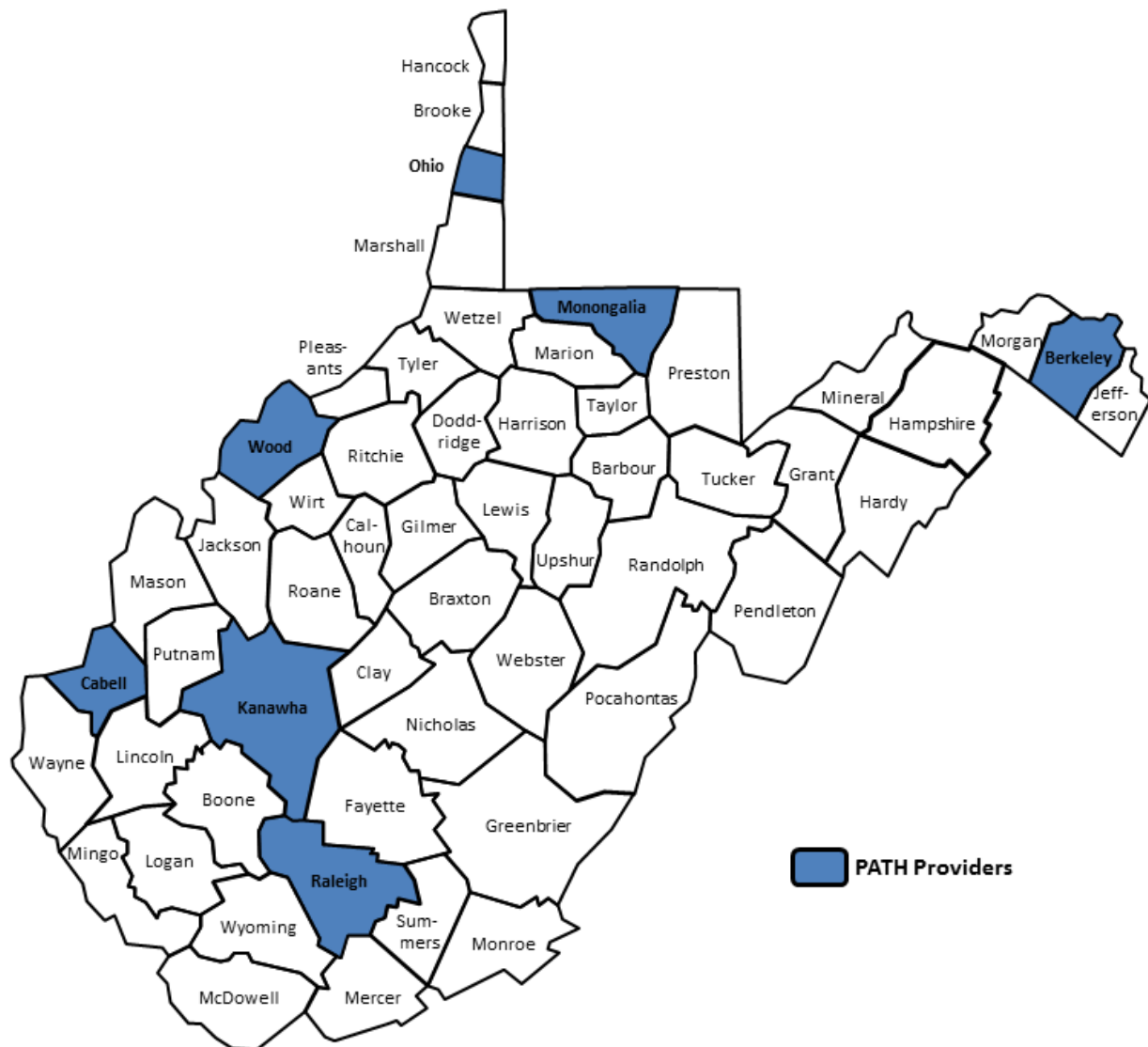
Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Location of Individuals With Serious Mental Illness Who Are Experiencing Homelessness

PATH PROVIDER MAP



Report Year:	2014										
State Identifier:	WV										
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	NA	Total
0-17	8,083	212	212			0	8	126	40	1,841	10,522
18-64	33,987	21	688			94	35	1,430	359	8,464	45,078
65 +	1,420	2	72			60	0	14	13	628	2,209
Not Available										2	2
TOTAL	43,490	235	972	0	0	154	43	1,570	412	10,935	57,811
Female	24,052	119	452			88	18	673	194	5,811	31,407
Male	19,433	116	520			66	25	897	217	5,124	26,398
Not Available	5	0							1	0	6
TOTAL	43,490	235	972	0	0	154	43	1,570	412	10,935	57,811
American Indian/Alaska Native	50	0	1					4		4	59
Asian	15	0	2					1	1	4	23
Black/African American	1,343	7	32			5	3	96	15	290	1,791
Hawaiian/Pacific Islander	14	0	0							1	15
White/Caucasian	37,972	188	773			138	30	1,262	331	7,531	48,225
Hispanic *											0
More than One Race Reported	3,768	39	162			11	10	194	63	2,573	6,820
Race/Ethnicity Not Available	328	1	2					13	2	532	878
TOTAL	43,490	235	972	0	0	154	43	1,570	412	10,935	57,811
Hispanic or Latino Origin	374	3	9			0		19	7	83	495
Non Hispanic or Latino Origin	40,480	193	804			143	36	1,278	355	10,321	53,610
Hispanic or Latino Origin Not Available	2,636	39	159			11	7	273	50	531	3,706
TOTAL	43,490	235	972	0	0	154	43	1,570	412	10,935	57,811

Private Residence: Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO).

Foster Home: Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes of trained families.

Residential Care: Individual resides in a residential care facility. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.

Crisis Residence: A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

Children's Residential Treatment Facility: Children and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services to seriously emotionally disturbed children and youth. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities which are certified by state or federal agencies or through a national accrediting agency.

Institutional Setting: Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.

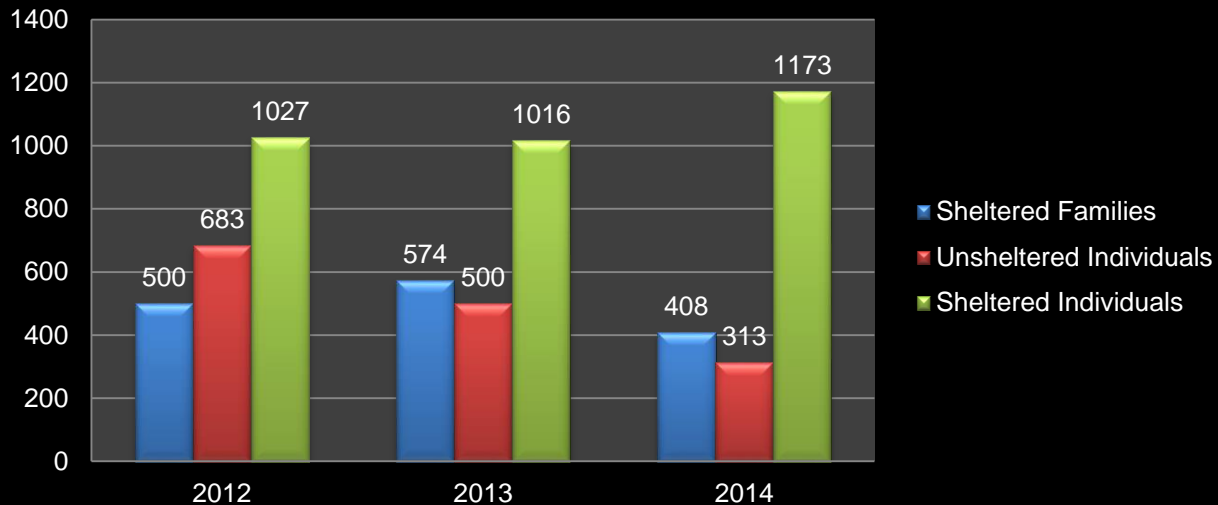
Jail/ Correctional Facility: Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Detention Centers, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

Homeless: A person should be counted in the ""Homeless"" category if he/she was reported homeless at their most recent (last) assessment during the reporting period (or at discharge for patients discharged during the year). The "last" Assessment could occur at Admission, Discharge, or at some point during treatment. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

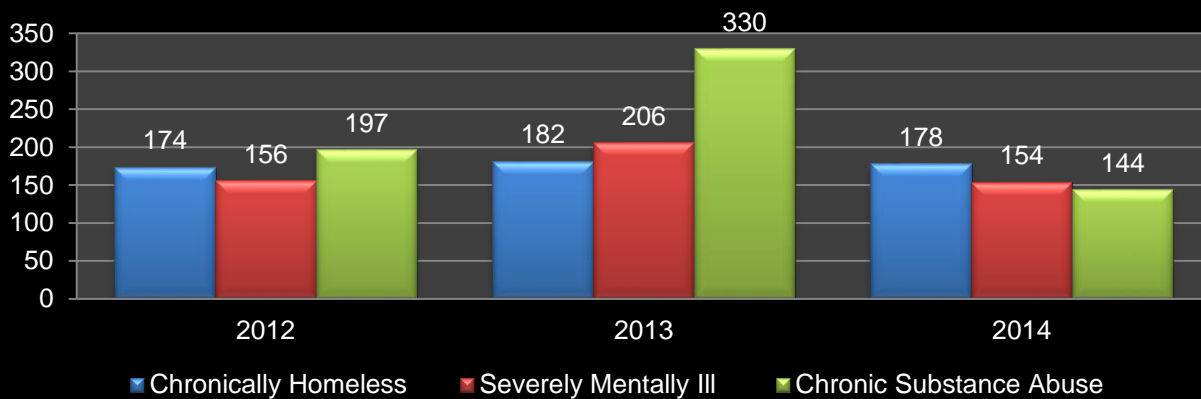
- A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- B) An institution that provides a temporary residence for individuals intended to be institutionalized, or
- C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Unavailable: Information on an individual's residence is not available.

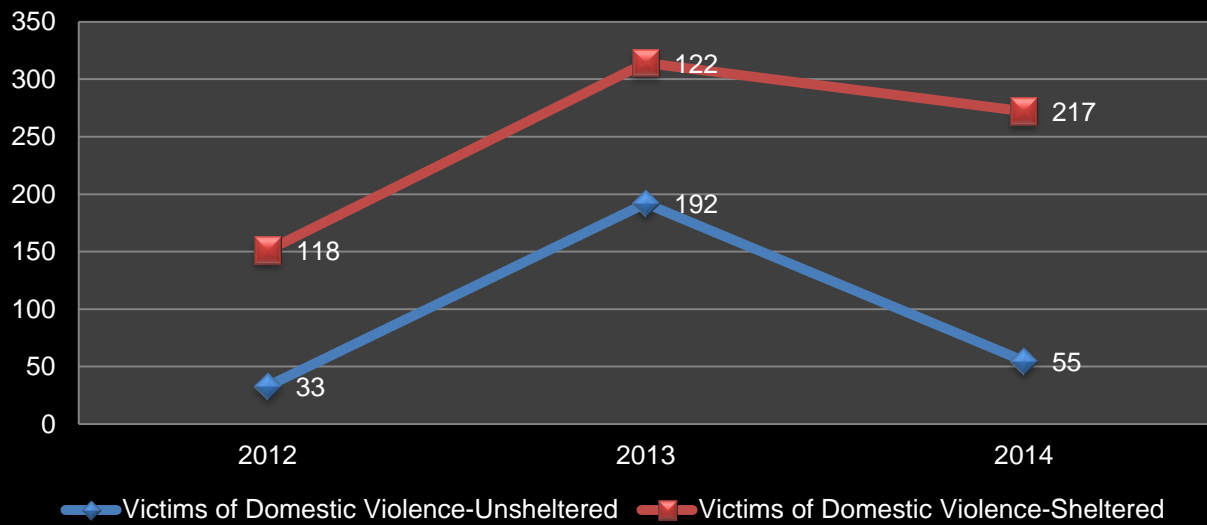
Sheltered and Unsheltered Individuals and Families



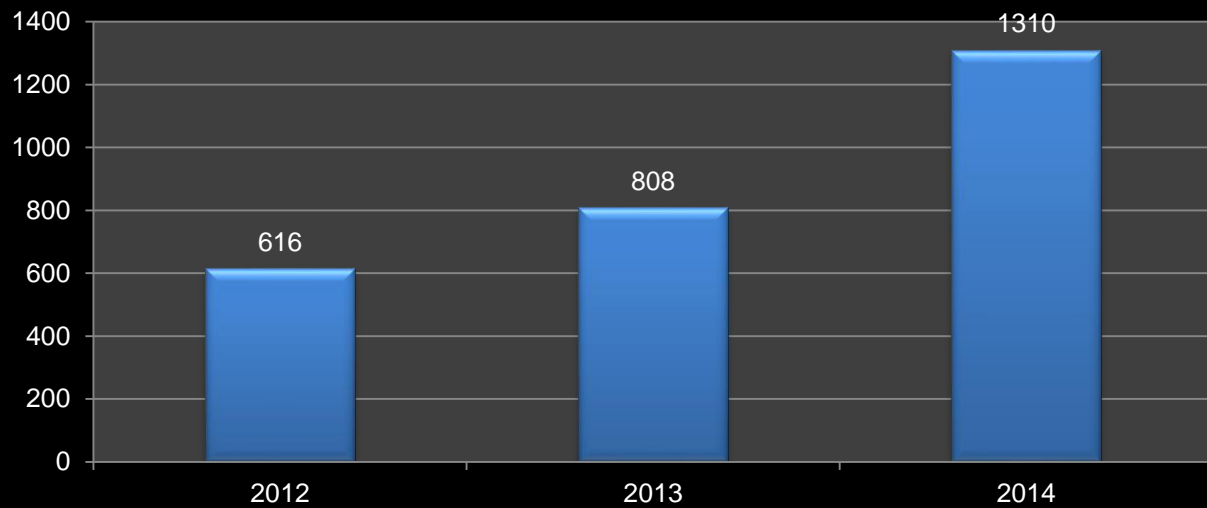
WV Unsheltered Chronic Homelessness, Mental Illness, and Substance Abuse 2012-2014



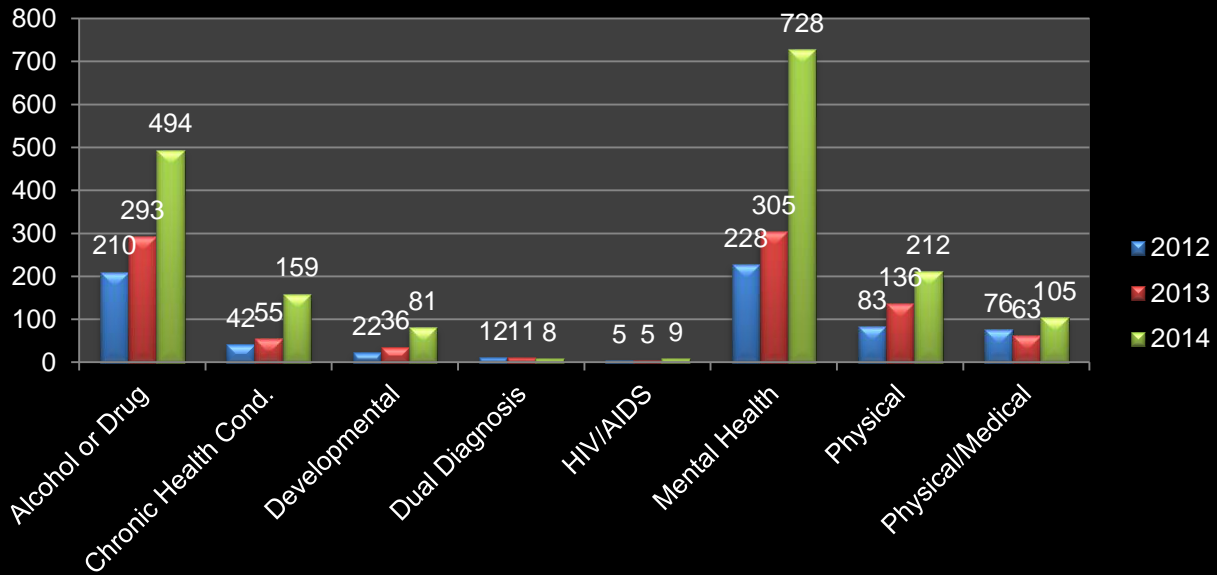
WV Sheltered and Unsheltered Victims of Domestic Violence



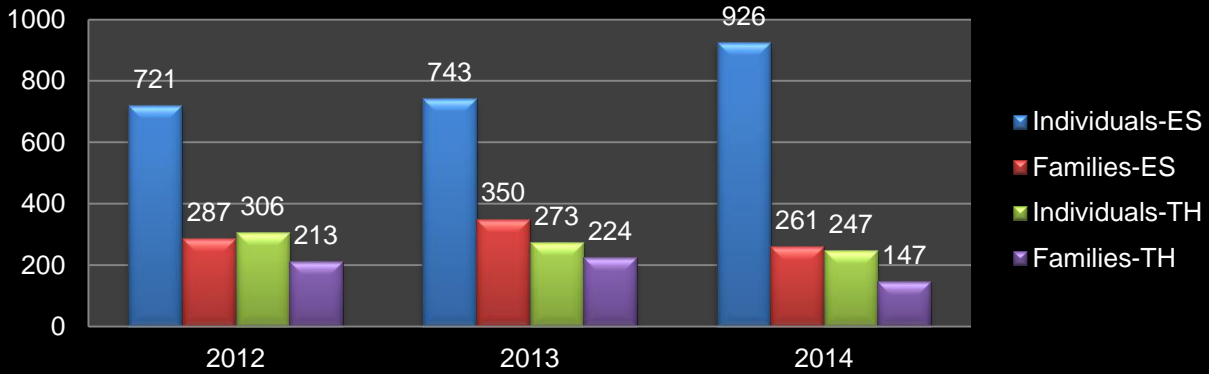
PATH Total Disabilities



WV PATH Clients with Disabilities



WV Sheltered Individuals and Families 2012-2014



III. State Level Information

K. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Matching Funds

The 3:1 in-kind match is contributed by each provider receiving PATH funds. The match may come from private donations, other community organizations, such as the United Way, or state dollars. These matching funds are available at the beginning of the award period.

No administrative funds are required for the State PATH Contact as that position is part of the Adult Mental Health Division. This meets the requirement that administrative expenses remain under four percent (4%).

See provider Intended Use Plans for further details regarding matching funds and the source of those funds.

III. State Level Information

L. Other Designated Funding

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Other Designated Funding

BBHMF is maximizing its limited resources by utilizing PATH dollars and Community Mental Health Block Grant dollars to serve people with serious mental illness and co-occurring substance use disorders that are experiencing homelessness. BBHMF plans to continue this allocation in order to maximize the use of the SAMHSA PATH allocation which continues at the minimum allotment of \$300,000.

West Virginia utilizes a variety of other funding sources to serve individuals who are homeless and have a serious mental illness. These funding sources include the Community Mental Health Services (CMHS) Block Grant, The Substance Abuse Prevention and Treatment (SAPT) Block Grant, and general state revenue funds. BBHMF also receives various SAMHSA grants such as the previously mentioned SBIRT and BRSS TACS grants.

General revenue dollars are used to serve individuals with unmet needs through Charity Care (for people who are uninsured or underinsured with serious mental illness), Support and Alternative dollars (for the provision of nontraditional support services, including supportive housing), Crisis Services, Community Engagement (intensive case management and crisis intervention) and Community Support (flexible dollars for purchasing medication, paying for emergency housing, transportation, food, etc.) funds which are allocated to each of the thirteen regional Comprehensive Community Behavioral Health Centers.

III. State Level Information

M. Data

Narrative Question:

Describe the state's and providers' status on HMIS transition plan, with accompanying timeline for collecting all PATH data in HMIS by FY 2016. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Data

West Virginia is fully utilizing HMIS for PATH services. BBHMF continues to focus on continuing education and training and providing support for new providers. The West Virginia Coalition to End Homelessness (WVCEH) receives state funding from BBHMF for administrative oversight of and technical assistance for its member agencies. The administrative oversight includes activities that offer HMIS technical assistance and data quality assurance; monitoring and ensuring quality among the Balance of State Continuum of Care Supportive Housing, Shelter Plus Care and Homeless Management Information System (HMIS) Programs.

To understand the integration of PATH into HMIS in West Virginia, it is important to understand the current state of HMIS and some critical changes that have taken place over the past three years, in order to provide context. For many years the four CoCs in West Virginia utilized separate HMIS Solutions, thus rendering it impossible to coordinate data on homelessness throughout the state. Approximately a year ago, the four CoCs decided to transition to one HMIS Solution for the state, Bowman Systems Service Point. Service Point had been used for many years by the Huntington CoC, and we, as a state, realized a tremendous cost savings in expanding from their implementation, having the ability to coordinate data throughout the state. This statewide implementation is important for three main reasons:

1. The ability to create and maintain a statewide database on homelessness in West Virginia and the ability to run reports that paints a true picture of homelessness in West Virginia.
2. The ability for clientele of the homeless prevention and assistance system to move freely throughout the state, without having a new intake and new assessment starting over due to crossing CoC lines.
3. The ability for state funders (ESG, HOPWA, PATH) to have truly aggregated state reports on-hand to meet Federal and other requirements, while being able to make truly data-informed decisions.

The WV State HMIS is a truly “open” HMIS, and the WV State HMIS Network is currently receiving HUD Technical Assistance to successfully implement both the database and the collective governance that will oversee the policies, procedures and direction of the statewide implementation. Currently, each CoC has equal representation in the statewide HMIS, direction and strategy is considered collectively. This is a process that is currently being further solidified.

The next phase in PATH/HMIS will be the update of the HMIS Data Standards (now called the “HMIS Data Dictionary”) with several new data points to be collected for PATH and other SAMSHA programs. Ongoing plans for PATH/HMIS training and expansion include:

- a) Regular updated training with PATH staff in the Balance of State CoC on HMIS.

- b) A new service entry procedure the SkanPoint, allowing PATH Workers to more easily attach services provided to individual PATH clients.
- c) Training on PATH's function in populating local prioritization lists within HMIS, and providing housing and service connectivity and referral.
- d) Training on entry into the SOAR Assessment in HMIS for PATH Workers.
- e) Refresher training on utilizing the VI-SPDAT in HMIS and training on Full SPDAT usage when the assessment is in ServicePoint in late Spring/Early Summer of 2014.

In addition their valuable work with HMIS, the WVCEH also engages in the following methods of data collection, surveys, and research:

- HMIS, and various reports within.
- The Summer and Winter Point in Time (PIT) counts.
- The Annual Homelessness Assessment Report (AHAR).
- The Annual Housing Inventory Chart (HIC).
- The Homelessness Index (a current endeavor by WVCEH and Dr. Tom McLaughlin of the University of New England to measure the degree of homelessness across several indicators).
- The National Alliance to End Homelessness Performance Evaluator Tool.
- Community-Wide cost analysis of chronic homelessness (currently in the planning stages).
- The Service Prioritization Decision Assistance Tool (SPDAT).
- SOAR OAT, Outcomes Tool.
- The 100,000 Homes Vulnerability Index.
- VA CHALENG Data.
- Individual and State PATH Reports and PDX.
- CoC Profile Data.
- CoC and ESG Performance Data (Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing, and Shelters).

All the current research incorporates aspects and measures of the population currently served by PATH, and can assist and inform PATH staff at all levels of the need to target by need and geography the current high-barrier populations and communities in West Virginia. Additionally, much of the data being collected and analyzed right now can serve as a justification for further PATH resources, as well as resources that could be used with PATH (ESG Outreach) to increase overall outreach for communities, further strengthening the overall system.

III. State Level Information

N. Training

Narrative Question:

Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Training

BBHMF requires PATH providers to attend annual training events as reflected in grantee's statement of work. All BBHMF grantees, including PATH grantees, are required to be trained in cultural competency, motivational interviewing, suicide prevention, trauma-informed care and person-centered care.

The spring PATH meeting was held in May 2015 with discussion and presentations on outreach through the SAMHSA provided technical assistance. BBHMF is planning to facilitate a PATH retreat in the fall of 2015. The annual fall retreat will discuss topics of relevancy for the PATH providers and provide speakers and material to help PATH staff be more effective in reaching persons experiencing homelessness. One area of technical assistance will include preparation of the provider intended use plan in order to strengthen the annual application.

BBHMF and the Statewide PATH Coordinator arranged for a SAMHSA provided TA on Coordinated Intake and Assessment. This TA is part of the state's plan to move toward a "no wrong door" entry into the system of services for person's experiencing homelessness. It is hoped that eventually the entire state will use a screening/assessment tool that will allow for PATH providers and others to deliver services based on level of acuity so that the persons experiencing homelessness that are most at risk of dying because of their homelessness can be served first. According to Point in Time Data the state has a tremendous amount of vacant beds that could be used more efficiently to serve persons experiencing homelessness. It is hoped that the CI&A TA can ultimately lead to the implementation of a better more efficient system of using state resources for persons experiencing homelessness.

The Statewide PATH Coordinator participates in a monthly conference call with other coordinators and SAMHSA staff, including the Director of the PATH program. This will allow BBHMF to continue to improve West Virginia's PATH program by collaborating with other coordinators as well as to receive timely information and updates from the SAMHSA PATH Director. Participation in this monthly conference call was due to the recommendation during the site review in January 2013 which recommended the SPC to participate in the Administrative Workgroup monthly conference calls. As a result of this recommendation the SPC approached this group and was accepted for participation. The SPC continues to be a part of this administrative workgroup and is a member of the Data Advisory Group as well, which is charged with the task of developing data standards for the future changes in data that HUD will be mandating.

The WVCEH provides training and technical assistance for a variety of organizations including:

- Recipients of HUD funding for Special Needs Projects throughout the Balance of State CoC.
- HMIS users and their agencies.
- Supportive Services for Veteran Families (SSVF) Grantees.
- Communities implementing Coordinated Intake and Assessment, Diversion and Rapid Re-Housing.
- The State SOAR Steering Committee and community SOAR Case Managers.
- Individual communities attempting various kinds of Rapid Re-Housing.
- Specific communities requiring data analysis and local system facilitation.
- Emergency Solutions Grant recipients.
- The WV Interagency Council on Homelessness.

Finally, Mental Health First Aid has been a major initiative of BBHFF this past year, with the following results:

DATE(S) OF COURSE	TYPE OF COURSE	# OF PARTICIPAN	LOCATION/VENUE OF TRAINING	DEMOGRAPHIC CHARACTERISTICS OF ATTENDEES
27 Jan 2014	Adult MHFA 8 Hour	10	Huntington, WV- The Barnett Community Center	General Community -General public -50% male -Part of a broader training collaborative
26 Feb 2014	Adult MHFA 8 Hour	19	Charleston, WV- AMFM Long term Care	Primary Health -Nursing Home Administrators -Nurses -79% Female
01 Aug 2014	Adult MHFA 8 Hour	12	Huntington, WV- The Barnett Community Center	General Community -General Public -75% Female -Part of a broader training collaborative
15 Sep 2014	Adult MHFA 8 Hour	19	Beckley, WV- WV Division of Rehabilitation Services	Social Services -Vocational Rehabilitation Counselors -84% Female
08 Nov 2014	Adult MHFA 8 Hour	20	Glenville, WV- Glenville State College	Higher Education -95% students -5% Faculty -90% Female
15 Nov 2014 & 22 Nov 2014	Adult MHFA 8 Hour	30	Parkersburg, WV- St. Margaret Mary Parish Activity Center	Faith Based -General Public -83% Female -Many participants were part of the congregation at the parish
		Total: 110		

OVERALL EVALUATION FEEDBACK*	
Presentation Average: 4.74	
Content Average: 4.72	
As a result of MHFA training I feel more confident that I can:	% of participants that agrees or strongly agrees
Recognize the signs that someone may be dealing with a mental health problem or crisis.	100%
Reach out to someone who may be dealing with a mental health problem or crisis.	98.4%
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.	98.4%
Assist a person who may be dealing with a mental health problem or crisis to seek professional help.	96.7%
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports	100%

***Ranked on likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree)**

2015 Upcoming courses to be offered (as of March 31, 2015)

DATE(S) OF COURSE	TYPE OF COURSE	LOCATION/VENUE OF TRAINING	DEMOGRAPHIC CHARACTERISTICS OF ATTENDEES
01 Apr 2015	Adult MHFA 8 Hour	Charleston, WV Partnership for African American Churches Prevention, Wellness & Recovery Center	Faith Based Open to the community and general public
16 Apr 2015	Adult MHFA 8 Hour	Charleston, WV Charleston Civic Center WV Chapter of the National Association of Social Workers 2015 Conference	Social Services Open to registrants of the conference only
24 Apr 2015	Adult MHFA 8 Hour	Beaver, WV New River Community & Technical College	Higher Education Open to students and faculty

III. State Level Information

O. SSI/SSDI Outreach, Access and Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

SSI/SSDI Outreach, Access and Recovery (SOAR)

BBHHF also supports the implementation of SOAR (SSI/SSDI Outreach, Access, and Recovery) across the state. The West Virginia Coalition to End Homelessness (WVCEH) acts as the SOAR State Lead in West Virginia, and works collaboratively with the SAMSHA SOAR Technical Assistance Center to expand the SOAR curriculum and practice in West Virginia and train case managers in the ability to expedite applications for homeless individuals seeking SSI/SSDI applications. Through SOAR, WVCEH provides trainings for homeless and housing provider caseworkers to assist persons with disabilities in gathering evidence to support their SSI/SSDI application, and provides step-by-step guidance to complete the application. **To date, over 80 persons statewide have been trained in SOAR.** The trainings also enable caseworkers to act as applicants' personal representatives, giving them the ability to communicate with the Social Security Administration on clients' behalf. The training is essential given that only 10-15% of homeless adults' SSI/SSDI applications and 31% of all applications are approved the first time. The approval rate of SOAR-assisted applications nationwide is 71%.

SOAR functions as a natural partner with PATH given that they both target the same core population of high-acuity homeless individuals who will most likely be eligible for SSI/SSDI; important benefits that can help stabilize housing. WVCEH is currently working with five specific communities to develop community-wide SOAR initiatives and continues to work with the SAMSHA SOAR Technical Assistance Center to expanding SOAR to other CoCs and communities in West Virginia.

Currently, all PATH Outreach Workers have been trained in SOAR, with two Outreach Workers currently completing SOAR applications. PATH providers have received training in the SOAR process or are in the process of receiving training in order to increase the number of completed SOAR applications which will allow appropriate individuals experiencing homelessness to obtain SSI/SSDI benefits which will assist them in obtaining and maintaining permanent housing.

The WV State Path Coordinator is a member of the Statewide SOAR Steering Committee and participates in these conference calls on a regular basis to provide input and to support the efforts of WVCEH to more broadly implement the SOAR process throughout West Virginia. WV is starting to see an increase in the number of successful applications for persons experiencing homelessness as a result of the SOAR process. In time, this effort should grow as more PATH staff become trained and confident in using the process.